

**ORDER FOR SUPPLIES OR SERVICES**

<b>1. Contract/Purch Order/Agreement No.</b> DAAE20-01-D-0049	<b>2. Delivery Order/Call No.</b> 0001	<b>3. Date Of Order/Call (YYYYMMDD)</b> 2001JUL10	<b>4. Requisition/Purch Request No.</b> SEE SCHEDULE	<b>5. Priority</b> DOA5
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<b>6. Issued By</b> TACOM-ROCK ISLAND AMSTA-LC-CTR-R CATHY MENDOZA (309)782-1258 ROCK ISLAND IL 61299-7630  EMAIL: MENDOZAC@RIA.ARMY.MIL	<b>Code</b>	W52H09	<b>7. Administered By (If other than 6)</b> DCM SANTA ANA 34 CIVIC CENTER PLAZA PO BOX C 12700 SANTA ANA CA 92712-2700	<b>Code</b>	S0513A	<b>8. Delivery FOB</b> <input checked="" type="checkbox"/> Destination <input type="checkbox"/> Other  (See Schedule if other)
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<b>9. Contractor</b> UNITEK 12781 WESTERN AVE STE D GARDEN GROVE CA 92841-4024  Name and Address  TYPE BUSINESS: Other Small Business Performing in U.S.	<b>Code</b>	1J0R0	<b>Facility</b>		<b>10. Deliver To FOB Point By (Date) (YYYYMMDD)</b> SEE SCHEDULE	<b>11. X If Business Is</b> <input checked="" type="checkbox"/> Small <input type="checkbox"/> Small Disadvantaged <input type="checkbox"/> Woman-Owned
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<b>14. Ship To</b> SEE SCHEDULE	<b>Code</b>		<b>15. Payment Will Be Made By</b> DFAS COLUMBUS CENTER WEST ENTITLEMENT OPERATIONS PO BOX 182381 COLUMBUS OH 43218-2381	<b>Code</b>	HQ0339	<b>Mark all Packages and Papers with Identification Numbers in Blocks 1 and 2</b>
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<b>16. Type of Order</b>	<b>Delivery/Call</b>	<input checked="" type="checkbox"/>	This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.
	<b>Purchase</b>		Reference your <input type="checkbox"/> Oral; <input type="checkbox"/> Written Quotation, Dated _____, furnish the following on terms specified herein.
Acceptance. The Contractor Hereby Accepts The Offer Represented By The Numbered Purchase Order As It May Previously Have Been Or Is Now Modified, Subject To All Of The Terms And Conditions Set Forth, And Agrees To Perform The Same.			

Name Of Contractor	Signature	Typed Name And Title	Date Signed (YYYYMMDD)
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If this box is marked, supplier must sign Acceptance and return the following number of copies:

17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE SEE SCHEDULE					
18. Item No.	19. Schedule Of Supplies/Service SEE SCHEDULE CONTRACT TYPE: Firm-Fixed-Price	20. Quantity Ordered/ Accepted*	21. Unit	22. Unit Price	23. Amount
	KIND OF CONTRACT: Supply Contracts and Priced Orders				

<i>* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.</i>	24. United States Of America  By: DEBRA JUHL /SIGNED/ JUHL@RIA.ARMY.MIL (309)782-3370	25. Total	\$4,237.60
		29. Differences	

<b>26. Quantity In Column 20 Has Been</b> <input type="checkbox"/> Inspected <input type="checkbox"/> Received <input type="checkbox"/> Accepted And Conforms To Contract Except As Noted  Date _____ Signature Of Authorized Govt Representative _____	<b>27. Ship. No.</b>	<b>28. D.O. Voucher No.</b>	<b>30. Initials</b>	
<b>36. I certify this account is correct and proper for payment</b>  Date _____ Signature And Title Of Certifying Officer _____	<input type="checkbox"/> Partial <input type="checkbox"/> Final	<b>32. Paid By</b>	<b>33. Amount Verified Correct For</b>	
	<input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final		<b>34. Check Number</b>	
			<b>35. Bill Of Lading No.</b>	

37. Received At	38. Received By	39. Date Received	40. Total Containers	41. S/R Account Number	42. S/R Voucher No.
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<b>CONTINUATION SHEET</b>	<b>Reference No. of Document Being Continued</b> <b>PIIN/SIIN</b> DAAE20-01-D-0049/0001 <b>MOD/AMD</b>	<b>Page 2 of 4</b>
<b>Name of Offeror or Contractor:</b> UNITEK		

SUPPLEMENTAL INFORMATION  
DELIVERY ORDER 0001 IS HEREBY AWARDED UNDER THE TERMS AND CONDITIONS OF CONTRACT DAAE20-01-D-0049.  
AWARD IS MADE FOR 80 EACH CIRCUIT CARD ASSEMBLY UNDER CLIN 0001AA.

\*\*\* END OF NARRATIVE A 001 \*\*\*



**CONTINUATION SHEET**

**Reference No. of Document Being Continued**

**Page 4 of 4**

**PIIN/SIIN** DAAE20-01-D-0049/0001

**MOD/AMD**

**Name of Offeror or Contractor:** UNITEK

CONTRACT ADMINISTRATION DATA

<u>LINE</u>	<u>PRON/</u>	<u>OBLG</u>	<u>JOB</u>	<u>ACCOUNTING</u>	<u>OBLIGATED</u>			
<u>ITEM</u>	<u>AMS CD</u>	<u>ACRN STAT</u>	<u>ORDER</u>	<u>STATION</u>	<u>AMOUNT</u>			
0001AA	M111CB30M1	AA 2	97	X4930AC6G 6D	26FB S11116	W52H09	\$	4,237.60
	070011							
						TOTAL	\$	4,237.60

<u>SERVICE</u>	<u>TOTAL BY ACRN</u>	<u>ACCOUNTING CLASSIFICATION</u>	<u>ACCOUNTING</u>	<u>OBLIGATED</u>		
<u>NAME</u>			<u>STATION</u>	<u>AMOUNT</u>		
Army	AA	97 X4930AC6G 6D	26FB S11116	W52H09	\$	4,237.60
				TOTAL	\$	4,237.60