

**ORDER FOR SUPPLIES OR SERVICES**

<b>1. Contract/Purch Order/Agreement No.</b>  DAAE20-01-P-0428	<b>2. Delivery Order/Call No.</b>	<b>3. Date Of Order/Call (YYYYMMDD)</b>  2001JUN25	<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-AQ-ARCS JAN DAY (309)782-3472 ROCK ISLAND IL 61299-7630  EMAIL: DAYJ@RIA.ARMY.MIL	<b>Code</b>	W52H09	<b>7. Administered By (If other than 6)</b> PR ACALA ATTN FIN AND ACCT OFC ROCK ISLAND IL 61299-6000	<b>Code</b>	W52H09	<b>8. Delivery FOB</b>  <input type="checkbox"/> Destination <input checked="" type="checkbox"/> Other  (See Schedule if other)
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<b>9. Contractor</b>  • ARNOLDS BODY SHOP INC 3514 VINE STREET Name and Address: DAVENPORT IA 52806  • TYPE BUSINESS: Other Small Business Performing in U.S.	<b>Code</b>	1UGK2	<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	<b>12. Discount Terms</b>	<b>13. Mail Invoices To the Address in Block</b> See Block 15
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<b>14. Ship To</b> SEE SCHEDULE	<b>Code</b>		<b>15. Payment Will Be Made By</b> DFAS ST LOUIS ATT DFAS-SL-FPV 4300 GOODFELLOW BLVD BLDG 110 PO BOX 200009 ST LOUIS MO 63120-0009	<b>Code</b>	HQ0304	<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>	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: Service Contracts				

<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: PATRICIA J HARMON /SIGNED/ HARMONP@RIA.ARMY.MIL (309)782-5717	25. Total	\$4,144.97
	Contracting/Ordering Officer	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>25. Total</b>	\$4,144.97
<b>36. I certify this account is correct and proper for payment</b>  Date _____ Signature And Title Of Certifying Officer _____	<input type="checkbox"/> Partial	<b>32. Paid By</b>	<b>33. Amount Verified Correct For</b>	<b>29. Differences</b>	
	<input type="checkbox"/> Final				
	<b>31. Payment</b>		<b>34. Check Number</b>		
	<input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final		<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-P-0428 <b>MOD/AMD</b>	<b>Page</b> 2 <b>of</b> 5
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**Name of Offeror or Contractor:** ARNOLDS BODY SHOP INC

SUPPLEMENTAL INFORMATION

THE PURPOSE OF THIS DOUCMENT IS TO FORMALIZE LETTER AWARD MADE 25 JUNE 2001, ATTACHED. THE LETTER AWARD WAS MADE TO ARNOLDS BODY SHOP, INC. FOR REPAIR OF A 2001 DODGE B2500 4X2 RAM WAGON, VEHICLE IDENTITIFICATION NUMNRT (VIN) 2B4JB25Y01K512900 AT A TOTAL OF \$4,144.97. PERFORMANCE WAS AUTHORIZED TO BEGIN IN THE LETTER AWARD. AFTER REPAIR AND RETURN OF THE VEHICLE THE CONTRACTING OFFICER'S REPRESENTATIVE SHALL REFLECT ACCEPTANCE OF THE REPAIR OF THE VEHICLE BY SIGNING BLOCKS 32a, 32b and 32c OF THIS DOCUMENT. THIS SIGNED ACCEPTANCE DOCUMENT ALONG WITH A COPY OF INVOICE FROM THE CONTRACTOR SHALL BE SENT TO DFAS ST. LOUIS OFFICE FOR PAYMENT.

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



**CONTINUATION SHEET**

**Reference No. of Document Being Continued**

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**PIIN/SIIN** DAAE20-01-P-0428

**MOD/AMD**

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CONTRACT ADMINISTRATION DATA

LINE	PRON/	OBLG	JOB	ACCOUNTING	OBLIGATED
<u>ITEM</u>	<u>AMS CD</u>	<u>ACRN STAT</u>	<u>ORDER</u>	<u>STATION</u>	<u>AMOUNT</u>
0001AA	M119R028M1	AA 2	21	12020000016D6D02P422123252G S11116	1LKS36 W52H09 \$ 4,144.97
422123000004221					
					TOTAL \$ 4,144.97

SERVICE	ACCOUNTING	OBLIGATED
<u>NAME</u>	<u>STATION</u>	<u>AMOUNT</u>
Army	W52H09	\$ 4,144.97
		TOTAL \$ 4,144.97

**CONTINUATION SHEET****Reference No. of Document Being Continued****Page 5 of 5**

PIIN/SIIN DAAE20-01-P-0428

MOD/AMD

**Name of Offeror or Contractor:** ARNOLDS BODY SHOP INC

## LIST OF ATTACHMENTS

<u>List of</u> <u>Addenda</u>	<u>Title</u>	<u>Date</u>	<u>Number</u> <u>of Pages</u>	<u>Transmitted By</u>
Attachment 001	LETTER AWARD	25-JUN-2001	001	