

**ORDER FOR SUPPLIES OR SERVICES**

<b>1. Contract/Purch Order/Agreement No.</b>  DAAE20-01-P-0476	<b>2. Delivery Order/Call No.</b>	<b>3. Date Of Order/Call (YYYYMMDD)</b>  2001JUL25	<b>4. Requisition/Purch Request No.</b>  SEE SCHEDULE	<b>5. Priority</b>  DOA5
--	-----------------------------------	--	---	--------------------------------

<b>6. Issued By</b> TACOM-ROCK ISLAND AMSTA-LC-CFA-B DAN MCGUIRE (309)782-7262 ROCK ISLAND IL 61299-7630  EMAIL: MCGUIRED@RIA.ARMY.MIL	<b>Code</b>	W52H09	<b>7. Administered By (If other than 6)</b> DCM BALTIMORE-MANASSAS 10500 BATTLEVIEW PKWY SUITE 200 MANASSAS VA 20109-2342	<b>Code</b>	S2404A	<b>8. Delivery FOB</b>  <input type="checkbox"/> Destination <input checked="" type="checkbox"/> Other  (See Schedule if other)
--	-------------	--------	--	-------------	--------	--

<b>9. Contractor</b>  INLAND MOTOR DIV OF KOLLMORGEN CORP 501 FIRST ST RADFORD VA 24141-1427  Name and Address  TYPE BUSINESS: Large Business Performing in U.S.	<b>Code</b>	11384	<b>Facility</b>		<b>10. Deliver To FOB Point By (Date) (YYYYMMDD)</b>  SEE SCHEDULE	<b>11. X If Business Is</b>  <input type="checkbox"/> Small <input type="checkbox"/> Small Disadvantaged <input type="checkbox"/> Woman-Owned
--	-------------	-------	-----------------	--	--	---

<b>14. Ship To</b> SEE SCHEDULE	<b>Code</b>		<b>15. Payment Will Be Made By</b> DFAS COLUMBUS CENTER DFAS-CO/SOUTH ENTITLEMENT OPERATION P O BOX 182264 COLUMBUS OH 43218-2264	<b>Code</b>	HQ0338	<b>Mark all Packages and Papers with Identification Numbers in Blocks 1 and 2</b>
------------------------------------	-------------	--	---	-------------	--------	---

<b>16. Type of Order</b>	<b>Delivery/Call</b>	<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>				
		<b>Reference your</b> <input type="checkbox"/> <b>Oral;</b> <input checked="" type="checkbox"/> <b>Written Quotation</b> DAAE2001T0370 <b>, Dated</b> 2001JUL17 <b>furnish the following on terms specified herein.</b>				
	<b>Purchase</b>	<b>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.</b>				

<b>Name Of Contractor</b>	<b>Signature</b>	<b>Typed Name And Title</b>	<b>Date Signed (YYYYMMDD)</b>
---------------------------	------------------	-----------------------------	-------------------------------

**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				

<b>* 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.</b>	<b>24. United States Of America</b>  By: MARY DONOVAN /SIGNED/ DONOVANM@RIA.ARMY.MIL (309)782-4895	<b>25. Total</b>	\$8,901.00
	<b>Contracting/Ordering Officer</b>	<b>29. Differences</b>	

<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>	
	<b>31. Payment</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>	

<b>37. Received At</b>	<b>38. Received By</b>	<b>39. Date Received</b>	<b>40. Total Containers</b>	<b>41. S/R Account Number</b>	<b>42. S/R Voucher No.</b>
------------------------	------------------------	--------------------------	-----------------------------	-------------------------------	----------------------------

CONTINUATION SHEET

Reference No. of Document Being Continued  
 PIIN/SIIN DAAE20-01-P-0476 MOD/AMD

Name of Offeror or Contractor: INLAND MOTOR DIV OF KOLLMORGEN CORP

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT																		
0001	SUPPLIES OR SERVICES AND PRICES/COSTS  <u>Supplies or Services and Prices/Costs</u>																						
0001AA	<u>PRODUCTION QUANTITY WITHOUT FIRST ARTICLE/OV</u>  NSN: 6680-01-371-5877 NOUN: REPAIR OF TACHOMETER ASSEMBLY FSCM: 19200 PART NR: 12561691 SECURITY CLASS: Unclassified PRON: M111F327M1 PRON AMD: 01 ACRN: AA AMS CD: 070011KFKW6  <u>Packaging and Marking</u> PACKAGING/PACKING/SPECIFICATIONS: P12561691 LEVEL PRESERVATION: Military LEVEL PACKING: B  <u>Inspection and Acceptance</u> INSPECTION: Origin ACCEPTANCE: Origin  <u>Deliveries or Performance</u> DOC SUPPL <table border="0"> <tr> <td><u>REL CD</u></td> <td><u>MILSTRIP</u></td> <td><u>ADDR</u></td> <td><u>SIG CD</u></td> <td><u>MARK FOR</u></td> <td><u>TP CD</u></td> </tr> <tr> <td>001</td> <td>W52H091204A051</td> <td>W31G1Z</td> <td>J</td> <td></td> <td>1</td> </tr> </table> <table border="0"> <tr> <td><u>DEL REL CD</u></td> <td><u>QUANTITY</u></td> <td><u>DEL DATE</u></td> </tr> <tr> <td>001</td> <td>3</td> <td>03-OCT-2001</td> </tr> </table> FOB POINT: Origin  SHIP TO: <u>FREIGHT ADDRESS</u> (W31G1Z) XU W0L7 ANNISTON MUNITIONS CENTER TRANS OFFICER 256 235 6031 7 FRANKFORD AVE BLDG 112 ANNISTON AL 36201-4199  <u>CONTRACT/DELIVERY ORDER NUMBER</u> DAAE20-01-P-0476/0000	<u>REL CD</u>	<u>MILSTRIP</u>	<u>ADDR</u>	<u>SIG CD</u>	<u>MARK FOR</u>	<u>TP CD</u>	001	W52H091204A051	W31G1Z	J		1	<u>DEL REL CD</u>	<u>QUANTITY</u>	<u>DEL DATE</u>	001	3	03-OCT-2001	3	AY	\$ 2,967.00000	\$ 8,901.00
<u>REL CD</u>	<u>MILSTRIP</u>	<u>ADDR</u>	<u>SIG CD</u>	<u>MARK FOR</u>	<u>TP CD</u>																		
001	W52H091204A051	W31G1Z	J		1																		
<u>DEL REL CD</u>	<u>QUANTITY</u>	<u>DEL DATE</u>																					
001	3	03-OCT-2001																					

**CONTINUATION SHEET**

**Reference No. of Document Being Continued**

**Page 3 of 3**

**PIIN/SIIN** DAAE20-01-P-0476

**MOD/AMD**

**Name of Offeror or Contractor:** INLAND MOTOR DIV OF KOLLMORGEN CORP

CONTRACT ADMINISTRATION DATA

LINE	PRON/	OBLG				JOB	ACCOUNTING	OBLIGATED
<u>ITEM</u>	<u>AMS CD</u>	<u>ACRN</u>	<u>STAT</u>	<u>ACCOUNTING CLASSIFICATION</u>		<u>ORDER</u>	<u>STATION</u>	<u>AMOUNT</u>
						<u>NUMBER</u>		
0001AA	M111F327M1	AA	2	97	X4930AC6G 6D	26FB	S11116	
	070011KFKW6							
							W52H09	\$ 8,901.00
							TOTAL	\$ 8,901.00

SERVICE						ACCOUNTING	OBLIGATED
<u>NAME</u>	<u>TOTAL BY ACRN</u>	<u>ACCOUNTING CLASSIFICATION</u>				<u>STATION</u>	<u>AMOUNT</u>
Army	AA	97	X4930AC6G 6D	26FB	S11116	W52H09	\$ 8,901.00
						TOTAL	\$ 8,901.00