

**ORDER FOR SUPPLIES OR SERVICES**

<b>1. Contract/Purch Order/Agreement No.</b>  DAAE20-01-P-0550	<b>2. Delivery Order/Call No.</b>	<b>3. Date Of Order/Call (YYYYMMDD)</b>  2001SEP28	<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 WANNETTA BAKER (309)782-4905 ROCK ISLAND IL 61299-7630  EMAIL: BAKERW@RIA.ARMY.MIL	<b>Code</b>	W52H09	<b>7. Administered By (If other than 6)</b> COMMANDER USA ARMAMENT MUNITIONS AND CHEMICAL COMMAND ROCK ISLAND IL 61299-6000	<b>Code</b>	W52P1J	<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>  Name and Address: • ALTORFER INC LIFTRUCK DIVISION 3888 W RIVER DRIVE DAVENPORT IA 52802-2412  • TYPE BUSINESS: Large Business Performing in U.S.	<b>Code</b>	5K977	<b>Facility</b>		<b>10. Deliver To FOB Point By (Date) (YYYYMMDD)</b>  SEE SCHEDULE	<b>12. Discount Terms</b>	<b>11. X If Business Is</b> <input 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> COMMANDER, USA ARMAMENT MUNITIONS AND CHEMICAL COMMAND ROCK ISLAND IL 61299-6000	<b>Code</b>	W52P1J	<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>	<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 checked="" type="checkbox"/> <b>Oral;</b> <input type="checkbox"/> <b>Written Quotation</b> 5319 <b>, Dated</b> 2001SEP25 <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>
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**If this box is marked, supplier must sign Acceptance and return the following number of copies:**

<b>17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE</b> SEE SCHEDULE					
<b>18. Item No.</b>	<b>19. Schedule Of Supplies/Service</b> SEE SCHEDULE CONTRACT TYPE: No Cost	<b>20. Quantity Ordered/ Accepted*</b>	<b>21. Unit</b>	<b>22. Unit Price</b>	<b>23. Amount</b>
	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: HOWARD LEWIS /SIGNED/ LEWISH@RIA.ARMY.MIL (309)782-3506	<b>25. Total</b>	\$0.00
	<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>33. Amount Verified Correct For</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>34. Check Number</b>
	<input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final			<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>
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<b>CONTINUATION SHEET</b>	<b>Reference No. of Document Being Continued</b> <b>PIIN/SIIN</b> DAAE20-01-P-0550 <b>MOD/AMD</b>	<b>Page</b> 2 <b>of</b> 3
<b>Name of Offeror or Contractor:</b> ALTORFER INC		

SUPPLEMENTAL INFORMATION

This is a firm-fixed-price purchase order for the following:

1. Rental of one 4000/5000 pound, high lift, propane powered, hard tired, with side shift capabilities forklift for a period of approximately one year starting 1 OCTOBER 2001. Rental will be on a month-by-month basis not to exceed 12 months. The rental start date is 01 OCTOBER 2001 and the rental end date would be 30 SEPTEMBER 2002. The Government reserves the right to cancel the lease agreement if the forklift is no longer required. The location of the forklift will be buildings 340/339 on the Rock Island Arsenal, Rock Island, Illinois. All PM-SKOT forklift operators will be OSHA certified and will have government driver licenses.
2. This purchase order incorporates the following FAR clauses which are attached:
  - 52.208-4 Vehicle Lease Payments
  - 52.208-5 Condition of Leased Vehicles
  - 52.208-6 Marking of Leased Vehicles
  - 52.228-8 Liability and Insurance
3. The monthly rental rate is \$350.00 per ALTORFER INC., 3888 West River Drive, Davenport, Iowa 53802. The total price for this order is \$4,200.00 which includes rental for 12 months at \$350.00 per month.
4. Upon completion of rental period, TACOM-Rock Island will notify ALTORFER INC., Mr. Tom Wilcox, (563)326-3513, for pick-up.
5. Monthly invoices shall be submitted to the point of contact for payment, Mr. Vincent Runco, AMSTA-LC-CTRR, (309)782-0199, email runcov@ria.army.mil.
6. Payment will be via the government-wide IMPAC card.

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

CONTINUATION SHEET

Reference No. of Document Being Continued  
PIIN/SIN DAAE20-01-P-0550 MOD/AMD

Name of Offeror or Contractor: ALTORFER INC

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001	SUPPLIES OR SERVICES AND PRICES/COSTS  <u>Supplies or Services and Prices/Costs</u>  <u>FORK LIFT RENTAL</u>  SECURITY CLASS: Unclassified				