

**ORDER FOR SUPPLIES OR SERVICES**

<b>1. CONTRACT PURCH ORDER/AGREEMENT NO.</b> DAAE20-02-D-0053				<b>2. DELIVERY ORDER/CALL NO.</b> 0005		<b>3. DATE OF ORDER/CALL (YYYYMMDD)</b> 2003AUG25		<b>4. REQUISITION/PURCH REQUEST NO.</b> SEE SCHEDULE		<b>5. PRIORITY</b> DOA5	
<b>6. ISSUED BY</b> TACOM-ROCK ISLAND AMSTA-LC-CSC-C BOBBIE STEGALL (309)782-3618 ROCK ISLAND IL 61299-7630 EMAIL: STEGALLB@RIA.ARMY.MIL				<b>CODE</b> W52H09		<b>7. ADMINISTERED BY (if other than 6)</b> DCMA CHICAGO 1523 WEST CENTRAL ROAD BLDG 203 ARLINGTON HEIGHTS IL 60005-2451				<b>CODE</b> S1403A	
<b>9. CONTRACTOR</b> SCHMID TOOL & ENGINEERING CORP 9101 BELDEN AVE FRANKLIN PARK, IL. 60131-3505				<b>CODE</b> 0L481		<b>FACILITY</b>		<b>10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD)</b> SEE SCHEDULE		<b>8. DELIVERY FOB</b> <input type="checkbox"/> DESTINATION <input checked="" type="checkbox"/> OTHER (See Schedule if other)	
<b>NAME AND ADDRESS</b>				<b>SCD: A</b>		<b>PAS: NONE</b>		<b>ADP PT: HQ0339</b>		<b>11. X IF BUSINESS IS</b> <input checked="" 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/WEST ENTITLEMENT OPERATIONS PO BOX 182381 COLUMBUS OH 43218-2381				<b>CODE</b> HQ0339	
<b>13. MAIL INVOICES TO THE ADDRESS IN BLOCK</b> See Block 15				<b>TYPE BUSINESS: Other Small Business Performing in U.S.</b>							
<b>16. TYPE OF ORDER</b> <input checked="" type="checkbox"/> DELIVERY/CALL <input type="checkbox"/> PURCHASE THIS DELIVERY ORDER IS ISSUED ON ANOTHER GOVERNMENT AGENCY OR IN ACCORDANCE WITH AND SUBJECT TO TERMS AND CONDITIONS OF ABOVE NUMBERED CONTRACT. Payment will be made by Electronic Funds Transfer 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.											
<b>NAME OF CONTRACTOR</b>			<b>SIGNATURE</b>			<b>TYPED NAME AND TITLE</b>			<b>DATE SIGNED (YYYYMMDD)</b>		
<input type="checkbox"/> 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>				<b>20. QUANTITY ORDERED/ACCEPTED*</b>		<b>21. UNIT</b>	<b>22. UNIT PRICE</b>		<b>23. AMOUNT</b>
		SEE SCHEDULE CONTRACT TYPE: Firm-Fixed-Price  KIND OF CONTRACT: Supply Contracts and Priced Orders									
<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> JERRY L YOWELL /SIGNED/ YOWELLJ@RIA.ARMY.MIL (309)782-6736				<b>25. TOTAL</b>		\$26,915.00	
<b>27a. 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				<b>BY:</b>				<b>26. DIFFERENCES</b>			
<b>b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE</b>						<b>c. DATE (YYYYMMDD)</b>		<b>d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE</b>			
<b>e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE</b>						<b>28. SHIP. NO.</b>		<b>29. D.O. VOUCHER NO.</b>		<b>30. INITIALS</b>	
<b>f. TELEPHONE NUMBER</b>			<b>g. E-MAIL ADDRESS</b>			<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		<b>32. PAID BY</b>		<b>33. AMOUNT VERIFIED CORRECT FOR</b>	
<b>36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.</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>a. DATE (YYYYMMDD)</b>		<b>b. SIGNATURE AND TITLE OF CERTIFYING OFFICER</b>									
<b>37. RECEIVED AT</b>		<b>38. RECEIVED BY (Print)</b>		<b>39. DATE RECEIVED (YYYYMMDD)</b>		<b>40. TOTAL CONTAINERS</b>		<b>41. S/R ACCOUNT NUMBER</b>		<b>42. S/R VOUCHER NO.</b>	

<b>CONTINUATION SHEET</b>	<b>Reference No. of Document Being Continued</b> <b>PIIN/SIIN</b> DAAE20-02-D-0053/0005 <b>MOD/AMD</b>	<b>Page 2 of 4</b>
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**Name of Offeror or Contractor:** SCHMID TOOL & ENGINEERING CORP

SUPPLEMENTAL INFORMATION

1. DELIVERY ORDER 0005 HEREBY AWARDS CLIN 0026AA, TRIGGER SUBASSEMBLY, NSN: 1005-01-219-2402, PN: 9392518, AGAINST ORDERING PERIOD 2. THIS AWARD IS FOR 3,500 EACH TRIGGER SUBASSEMBLY AT A UNIT PRICE OF \$7.69 EACH FOR A TOTAL CLIN AMOUNT OF \$26,915.00.
2. THE DELIVERY SCHEDULE IS SET FORTH IN THE SUPPLIES/SERVICES PAGES. EARLIER DELIVERIES ARE ACCEPTABLE AT NO ADDITIONAL COST TO EITHER PARTY.
3. THE TOTAL DOLLAR VALUE OF DELIVERY ORDER 0005 IS \$26,915.00.
4. THIS DELIVERY ORDER IS SUBJECT TO THE TERMS AND CONDITIONS CONTAINED IN THE BASIC CONTRACT, DAAE20-02-D-0053 AND SOLICITATION DAAE20-99-R-0091.

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

CONTINUATION SHEET

Reference No. of Document Being Continued  
 PIIN/SIIN DAAE20-02-D-0053/0005 MOD/AMD

Name of Offeror or Contractor: SCHMID TOOL & ENGINEERING CORP

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT																									
0026	SUPPLIES OR SERVICES AND PRICES/COSTS  NSN: 1005-01-219-2402 FSCM: 19200 PART NR: 9392518 SECURITY CLASS: Unclassified																													
0026AA	<p><u>PRODUCTION QUANTITY</u></p> <p>NOUN: TRIGGER SUBASSEMBLY                      PRON: M131S948M1 PRON AMD: 01 ACRN: AA                      AMS CD: 060011HFAM4</p> <p><u>Packaging and Marking</u></p> <p><u>Inspection and Acceptance</u>                      INSPECTION: Origin ACCEPTANCE: Origin</p> <p><u>Deliveries or Performance</u></p> <table border="0"> <tr> <td>DOC</td> <td>SUPPL</td> <td></td> <td></td> <td></td> </tr> <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> <u>TP CD</u></td> </tr> <tr> <td>001</td> <td>W52H093225A165</td> <td>W25G1U</td> <td>J</td> <td>1</td> </tr> <tr> <td><u>DEL REL CD</u></td> <td><u>QUANTITY</u></td> <td><u>DEL DATE</u></td> <td></td> <td></td> </tr> <tr> <td>001</td> <td>3,500</td> <td>30-JAN-2004</td> <td></td> <td></td> </tr> </table> <p>FOB POINT: Origin</p> <p>SHIP TO: <u>PARCEL POST ADDRESS</u>                      (W25G1U) XU TRANSPORTATION OFFICER                      DDSP NEW CUMBERLAND FACILITY                      BUILDING MISSION DOOR 113 134                      NEW CUMBERLAND PA 17070-5001</p> <p><u>CONTRACT/DELIVERY ORDER NUMBER</u>                      DAAE20-02-D-0053/0005</p>	DOC	SUPPL				<u>REL CD</u>	<u>MILSTRIP</u>	<u>ADDR</u>	<u>SIG CD</u>	<u>MARK FOR</u> <u>TP CD</u>	001	W52H093225A165	W25G1U	J	1	<u>DEL REL CD</u>	<u>QUANTITY</u>	<u>DEL DATE</u>			001	3,500	30-JAN-2004			3500	EA	\$ 7.69000	\$ 26,915.00
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<u>REL CD</u>	<u>MILSTRIP</u>	<u>ADDR</u>	<u>SIG CD</u>	<u>MARK FOR</u> <u>TP CD</u>																										
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**CONTINUATION SHEET**

**Reference No. of Document Being Continued**

**PIIN/SIIN** DAAE20-02-D-0053/0005 **MOD/AMD**

**Name of Offeror or Contractor:** SCHMID TOOL & ENGINEERING CORP

CONTRACT ADMINISTRATION DATA

LINE	PRON/	OBLG					JOB		
<u>ITEM</u>	<u>AMS CD</u>	<u>ACRN</u>	<u>STAT</u>	<u>ACCOUNTING CLASSIFICATION</u>			<u>ORDER</u>	<u>ACCOUNTING</u>	<u>OBLIGATED</u>
							<u>NUMBER</u>	<u>STATION</u>	<u>AMOUNT</u>
0026AA	M131S948M1	AA	2	97	X4930AC9G 6D	26KB S11116		W52H09	\$ 26,915.00
	060011HFAM4								
								TOTAL	\$ 26,915.00

SERVICE							<u>ACCOUNTING</u>	<u>OBLIGATED</u>
<u>NAME</u>	<u>TOTAL BY ACRN</u>	<u>ACCOUNTING CLASSIFICATION</u>					<u>STATION</u>	<u>AMOUNT</u>
Army	AA	97	X4930AC9G 6D	26KB	S11116		W52H09	\$ 26,915.00
							TOTAL	\$ 26,915.00