

**ORDER FOR SUPPLIES OR SERVICES**

<b>1. Contract/Purch Order/Agreement No.</b>  DAAE20-02-P-0014	<b>2. Delivery Order/Call No.</b>	<b>3. Date Of Order/Call (YYYYMMDD)</b>  2001OCT16	<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-CSC-A TERESA STOTTLEMYRE (309)782-4626 ROCK ISLAND IL 61299-7630  EMAIL: STOTTLEMYRET@RIA.ARMY.MIL	<b>Code</b>	W52H09	<b>7. Administered By (If other than 6)</b> DCMA DALLAS 1200 MAIN STREET DALLAS TX 75202-4399	<b>Code</b>	S4402A	<b>8. Delivery FOB</b>  <input type="checkbox"/> Destination <input checked="" type="checkbox"/> Other  (See Schedule if other)
			<b>SCD A</b>	<b>PAS NONE</b>	<b>ADP PT HQ0339</b>	

<b>9. Contractor</b>  FABRICATION SPECIALTY INC POB 227018 DALLAS TX 75222  Name and Address  TYPE BUSINESS: Other Small Business Performing in U.S.	<b>Code</b>	28548	<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>  1.00% 10 Days Net 30 Days	
				<b>13. Mail Invoices To the Address in Block</b> See Block 15	

<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>	<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>				
		Reference your <input type="checkbox"/> Oral; <input type="checkbox"/> Written Quotation DAAE2001T0415, Dated _____, furnish the following on terms specified herein.				
	<b>Purchase</b> <input checked="" type="checkbox"/>	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				

<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: KRISTAN A MENDOZA /SIGNED/ MENDOZAK@RIA.ARMY.MIL (309)782-0243	<b>25. Total</b>	\$1,450.00
	<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>
	<input type="checkbox"/> Partial <input type="checkbox"/> Final			
<b>36. I certify this account is correct and proper for payment</b>  Date _____ Signature And Title Of Certifying Officer _____	<b>31. Payment</b>  <input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final	<b>32. Paid By</b>		<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>
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CONTINUATION SHEET

Reference No. of Document Being Continued  
 PIIN/SIIN DAAE20-02-P-0014 MOD/AMD

Name of Offeror or Contractor: FABRICATION SPECIALTY INC

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT																		
0001	<p>SUPPLIES OR SERVICES AND PRICES/COSTS</p> <p><u>Supplies or Services and Prices/Costs</u></p>																						
0001AA	<p><u>PRODUCTION QUANTITY</u></p> <p>2500</p> <p>NSN: 1005-01-223-2892                      NOUN: RING, PULL                      FSCM: 19200                      PART NR: 9378229                      SECURITY CLASS: Unclassified                      PRON: M121S119M1 PRON AMD: 01 ACRN: AA                      AMS CD: 040200000000402</p> <p><u>Packaging and Marking</u></p> <p>Packaging Requirements are in Section D on the solicitation.</p> <p>(End of narrative D001)</p> <p><u>Inspection and Acceptance</u></p> <p>INSPECTION: Origin ACCEPTANCE: Origin</p> <p><u>Deliveries or Performance</u></p> <p>DOC SUPPL</p> <table border="1"> <tr> <td>REL CD</td> <td>MILSTRIP</td> <td>ADDR</td> <td>SIG CD</td> <td>MARK FOR</td> <td>TP CD</td> </tr> <tr> <td>001</td> <td>W52H091285A153</td> <td>W45G19</td> <td>J</td> <td></td> <td>1</td> </tr> </table> <table border="1"> <tr> <td>DEL REL CD</td> <td>QUANTITY</td> <td>DEL DATE</td> </tr> <tr> <td>001</td> <td>2,500</td> <td>16-FEB-2002</td> </tr> </table> <p>FOB POINT: Destination</p> <p>SHIP TO: <u>FREIGHT ADDRESS</u>                      (W45G19) XR W390 RED RIVER MUNITIONS CTR                      BLDG 1167 CL V                      10 ST AND K AVE                      TEXARKANA TX 75507-5000</p> <p><u>CONTRACT/DELIVERY ORDER NUMBER</u>                      DAAE20-02-P-0014/0000</p>	REL CD	MILSTRIP	ADDR	SIG CD	MARK FOR	TP CD	001	W52H091285A153	W45G19	J		1	DEL REL CD	QUANTITY	DEL DATE	001	2,500	16-FEB-2002	2500	EA	\$ 0.58000	\$ 1,450.00
REL CD	MILSTRIP	ADDR	SIG CD	MARK FOR	TP CD																		
001	W52H091285A153	W45G19	J		1																		
DEL REL CD	QUANTITY	DEL DATE																					
001	2,500	16-FEB-2002																					
0002	<p><u>Supplies or Services and Prices/Costs</u></p> <p><u>DATA ITEM</u></p> <p>NOUN: DD FORM 1423 REQUIREMENTS                      SECURITY CLASS: Unclassified</p> <p>Contractor will prepare and deliver the technical data in accordance with the requirements, quantities and schedules set forth in the Contract Data Requirements Lists (DD Form 1423), Exhibit A.</p>			\$ ** NSP **	\$ ** NSP **																		

CONTINUATION SHEET

Reference No. of Document Being Continued  
PIIN/SIIN DAAE20-02-P-0014 MOD/AMD

Name of Offeror or Contractor: FABRICATION SPECIALTY INC

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	<p>A DD 250 IS NOT REQUIRED.</p> <p>(End of narrative B001)</p> <p><u>Inspection and Acceptance</u> INSPECTION: Origin      ACCEPTANCE: Destination</p>				

**CONTINUATION SHEET**

**Reference No. of Document Being Continued**

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**PIIN/SIIN** DAAE20-02-P-0014

**MOD/AMD**

**Name of Offeror or Contractor:** FABRICATION SPECIALTY INC

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>	
0001AA	M121S119M1	AA	2	97	10833010016D6D02P04020026FB	S11116	1LREF	W52H09	\$	1,450.00	
04020000000402											
									TOTAL	\$	1,450.00

SERVICE							ACCOUNTING	OBLIGATED	
<u>NAME</u>	<u>TOTAL BY ACRN</u>	<u>ACCOUNTING CLASSIFICATION</u>				<u>STATION</u>	<u>AMOUNT</u>		
Army	AA	97	10833010016D6D02P04020026FB	S11116	W52H09	\$	1,450.00		
							TOTAL	\$	1,450.00