

ORDER FOR SUPPLIES OR SERVICES

1. Contract/Purch Order/Agreement No. DAAE20-02-P-0296	2. Delivery Order/Call No.	3. Date Of Order/Call (YYYYMMDD) 2002MAY15	4. Requisition/Purch Request No. SEE SCHEDULE	5. Priority DOA5
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6. Issued By TACOM-ROCK ISLAND AMSTA-LC-CFA-C NANCY OAKES (309)782-7168 ROCK ISLAND IL 61299-7630 EMAIL: OAKESN@RIA.ARMY.MIL	Code	W52H09	7. Administered By (If other than 6) DCMA TWIN CITIES BISHOP HENRY WHIPPLE FEDERAL BLDG ONE FEDERAL DRIVE, SUITE 1150 FORT SNELLING MN 55111	Code	S2401A	8. Delivery FOB <input type="checkbox"/> Destination <input checked="" type="checkbox"/> Other (See Schedule if other)
			SCD B	PAS NONE	ADP PT HQ0339	

9. Contractor HANDICAPPED DEVELOPMENT CENTER 3402 HICKORY GROVE ROAD PO BOX 2450 DAVENPORT IA 52806-3305 TYPE BUSINESS: Other Small Business Performing in U.S.	Code	6Y357	Facility		10. Deliver To FOB Point By (Date) (YYYYMMDD) SEE SCHEDULE	11. X If Business Is <input checked="" type="checkbox"/> Small <input type="checkbox"/> Small Disadvantaged <input type="checkbox"/> Woman-Owned
				12. Discount Terms NET 30 DAYS		
				13. Mail Invoices To the Address in Block See Block 15		

14. Ship To SEE SCHEDULE	Code		15. Payment Will Be Made By DFAS COLUMBUS CENTER WEST ENTITLEMENT OPERATIONS PO BOX 182381 COLUMBUS OH 43218-2381	Code	HQ0339	Mark all Packages and Papers with Identification Numbers in Blocks 1 and 2
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16. Type of Order	Delivery/Call	This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.				
		Reference your <input type="checkbox"/> Oral; <input type="checkbox"/> Written Quotation DAAE2002T0159 , Dated 2002MAR07 NANCY OAKES				
	Purchase	furnish the following on terms specified herein.				
	X					
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				

* 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.	24. United States Of America By: VICKI AHLGRIM /SIGNED/ AHLGRIMV@RIA.ARMY.MIL (309)782-3220	25. Total	\$9,360.00
		29. Differences	

26. Quantity In Column 20 Has Been <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 _____	27. Ship. No.	28. D.O. Voucher No.	30. Initials	
		<input type="checkbox"/> Partial <input type="checkbox"/> Final	32. Paid By	33. Amount Verified Correct For
36. I certify this account is correct and proper for payment Date _____ Signature And Title Of Certifying Officer _____		<input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final		34. Check Number
				35. Bill Of Lading No.

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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CONTINUATION SHEET**Reference No. of Document Being Continued****Page 2 of 5****PIIN/SIIN** DAAE20-02-P-0296**MOD/AMD****Name of Offeror or Contractor:** HANDICAPPED DEVELOPMENT CENTER

SUPPLEMENTAL INFORMATION

1. Solicitation is for the packaging of Government Furnished Material(GFM) in accordance with the attached STATEMENT OF WORK and packaging list(attachments 1 and 2).

2. IAW the STATEMENT OF WORK

The contractor shall pick-up GFM from the following address when contacted by the Government.

TACOM-Rock Island
Bldg. 107 or Bldg 112
Rock Island, IL 61299-7630

The contractor shall deliver the HyPAK modification kits only when all kits are assembled to the following address:

Rock Island Arsenal
Building 299
Rock Island, IL 61299-5000

Note: pickup and delivery of the kits may require 12 round trips.

*** END OF NARRATIVE A 001 ***

1. SOLICITATION DAAE20-01-T-0159 IS INCLUDED AS PART OF THIS AWARD.
2. AWARD IS MADE ON THE BASIS OF FOB DESTINATION.
3. THE PACKING LIST AT ATTACHMENT 002 HAS BEEN UPDATED TO CHANGE A PART NUMBER.

*** END OF NARRATIVE A 002 ***

CONTINUATION SHEET

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PIIN/SIIN DAAE20-02-P-0296

MOD/AMD

Name of Offeror or Contractor: HANDICAPPED DEVELOPMENT CENTER

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	M11PK344M1	AA 2	21	12033000016D6D02P32203631E1	S11116	171344	W52H09	\$	9,360.00	
32203634038										
								TOTAL	\$	9,360.00

SERVICE	ACCOUNTING	OBLIGATED
<u>NAME</u>	<u>STATION</u>	<u>AMOUNT</u>
Army	W52H09	\$ 9,360.00
		TOTAL \$ 9,360.00

CONTINUATION SHEET

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PIIN/SIIN DAAE20-02-P-0296

MOD/AMD

Name of Offeror or Contractor: HANDICAPPED DEVELOPMENT CENTER

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	STATEMENT OF WORK		002	
Attachment 002	PACKING LIST	08-APR-2002	002	