

**ORDER FOR SUPPLIES OR SERVICES**

<b>1. Contract/Purch Order/Agreement No.</b> DAAE20-02-P-0458	<b>2. Delivery Order/Call No.</b>	<b>3. Date Of Order/Call (YYYYMMDD)</b> 2002SEP25	<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-C NANCY OAKES (309)782-7168 ROCK ISLAND IL 61299-7630  EMAIL: OAKESN@RIA.ARMY.MIL	<b>Code</b>	W52H09	<b>7. Administered By (If other than 6)</b> DCMA ST LOUIS 1222 SPRUCE ST ST LOUIS MO 63103-2812	<b>Code</b>	S2605A	<b>8. Delivery FOB</b> <input checked="" type="checkbox"/> Destination <input type="checkbox"/> Other
--	-------------	--------	--	-------------	--------	---

<b>9. Contractor</b>  SEILER INSTRUMENT AND MFG CO INC 170 E KIRKHAM AVE ST LOUIS MO 63119-1766  Name and Address	<b>Code</b>	11934	<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> NET 30 DAYS	<b>(See Schedule if other)</b>
				<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 DFAS-CO/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>
------------------------------------	-------------	--	--	-------------	--------	---

<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 type="checkbox"/> <b>Written Quotation</b> DAAE2002T0242 <b>, Dated</b> 2002APR08 <b>NANCY OAKES</b>				
	<b>Purchase</b> X	<b>furnish the following on terms specified herein.</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>						

Name Of Contractor	Signature	Typed Name And Title	Date Signed (YYYYMMDD)
--------------------	-----------	----------------------	------------------------

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: VICKI AHLGRIM /SIGNED/ AHLGRIMV@RIA.ARMY.MIL (309)782-3220	<b>25. Total</b>	\$550.00
		<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>
	<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>
------------------------	------------------------	--------------------------	-----------------------------	-------------------------------	----------------------------

<b>CONTINUATION SHEET</b>	<b>Reference No. of Document Being Continued</b> <b>PIIN/SIIN</b> DAAE20-02-P-0458 <b>MOD/AMD</b>	<b>Page</b> 2 <b>of</b> 4
<b>Name of Offeror or Contractor:</b> SEILER INSTRUMENT AND MFG CO INC		

SUPPLEMENTAL INFORMATION  
SOLICITATION DAAE20-02-T-0242 IS INCLUDED BY REFERENCE.

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

CONTINUATION SHEET

Reference No. of Document Being Continued  
 PIIN/SIIN DAAE20-02-P-0458 MOD/AMD

Name of Offeror or Contractor: SEILER INSTRUMENT AND MFG CO INC

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	SUPPLIES OR SERVICES AND PRICES/COSTS				
0001	<u>Supplies or Services and Prices/Costs</u>				
0001AA	<u>PRODUCTION QUANTITY</u>	25	EA	\$ 22.00000	\$ 550.00
	NSN: 1240-00-764-0174 NOUN: CELL, OPTICAL ELEMENT FSCM: 19200 PART NR: 7640174 SECURITY CLASS: Unclassified PRON: M124F884M1 PRON AMD: 02 ACRN: AA AMS CD: 070011GJALG				
	<u>Packaging and Marking</u>				
	<u>Inspection and Acceptance</u>				
	INSPECTION: Origin ACCEPTANCE: Origin				
	<u>Deliveries or Performance</u>				
	DOC SUPPL				
	<u>REL CD MILSTRIP ADDR SIG CD MARK FOR TP CD</u>				
	001 W52H091309B802 W25G1U J 2				
	<u>DEL REL CD QUANTITY DEL DATE</u>				
	001 25 31-JAN-2003				
	FOB POINT: Destination				
	SHIP TO: <u>FREIGHT ADDRESS</u>				
	(W25G1U) XU TRANSPORTATION OFFICER DDSP NEW CUMBERLAND FACILITY BUILDING MISSION DOOR 113 134 NEW CUMBERLAND PA 17070-5001				
	<u>CONTRACT/DELIVERY ORDER NUMBER</u>				
	DAAE20-02-P-0458/0000				

**CONTINUATION SHEET**

**Reference No. of Document Being Continued**

**Page 4 of 4**

**PIIN/SIIN** DAAE20-02-P-0458

**MOD/AMD**

**Name of Offeror or Contractor:** SEILER INSTRUMENT AND MFG CO INC

CONTRACT ADMINISTRATION DATA

<u>LINE</u>	<u>PRON/</u>	<u>OBLG</u>	<u>JOB</u>	<u>ACCOUNTING</u>	<u>OBLIGATED</u>				
<u>ITEM</u>	<u>AMS CD</u>	<u>ACRN STAT</u>	<u>ORDER</u>	<u>STATION</u>	<u>AMOUNT</u>				
0001AA	M124F884M1	AA 2	97	X4930AC6G 6D	26FB S11116	W52H09	\$	550.00	
070011GJALG									
							TOTAL	\$	550.00

<u>SERVICE</u>	<u>TOTAL BY ACRN</u>	<u>ACCOUNTING CLASSIFICATION</u>	<u>ACCOUNTING</u>	<u>OBLIGATED</u>					
<u>NAME</u>			<u>STATION</u>	<u>AMOUNT</u>					
Army	AA	97	X4930AC6G 6D	26FB S11116	W52H09	\$	550.00		
							TOTAL	\$	550.00