

**ORDER FOR SUPPLIES OR SERVICES**

<b>1. CONTRACT PURCH ORDER/AGREEMENT NO.</b> DAAE20-03-A-0038				<b>2. DELIVERY ORDER/CALL NO.</b> 0003		<b>3. DATE OF ORDER/CALL (YYYYMMDD)</b> 2004OCT06		<b>4. REQUISITION/PURCH REQUEST NO.</b> SEE SCHEDULE		<b>5. PRIORITY</b> DXA5	
<b>6. ISSUED BY</b> TACOM-ROCK ISLAND AMSTA-LC-CAC-C IRENE MAWSON (309)782-3810 ROCK ISLAND IL 61299-7630 EMAIL: MAWSONI@RIA.ARMY.MIL				<b>CODE</b> W52H09		<b>7. ADMINISTERED BY (if other than 6)</b> DCMA NEW YORK FT WADSWORTH BLDG 120 207 NEW YORK AVE STATEN ISLAND NY 10305-5013				<b>CODE</b> S3310A	
<b>9. CONTRACTOR</b> E A W ELECTRONIC SYSTEMS INC 900 DUTCHESS TURNPIKE POUGHKEEPSIE, NY. 12603-1554				<b>CODE</b> OMAK6		<b>FACILITY</b>		<b>10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD)</b> SEE SCHEDULE		<b>8. DELIVERY FOB</b> <input checked="" type="checkbox"/> DESTINATION <input type="checkbox"/> OTHER (See Schedule if other)	
<b>NAME AND ADDRESS</b>				<b>SCD: A</b>		<b>PAS: NONE</b>		<b>ADP PT: HQ0337</b>		<b>11. X IF BUSINESS IS</b> <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input checked="" 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 NORTH ENTITLEMENT OPERATIONS PO BOX 182266 COLUMBUS OH 43218-2266				<b>CODE</b> HQ0337	
<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>MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2</b>					
<b>16. TYPE OF ORDER</b>	<b>DELIVERY/ CALL</b>	<input checked="" type="checkbox"/>	THIS DELIVERY ORDER IS ISSUED ON ANOTHER GOVERNMENT AGENCY OR IN ACCORDANCE WITH AND SUBJECT TO TERMS AND CONDITIONS OF ABOVE NUMBERED CONTRACT.								
<b>PURCHASE</b>			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.											
NAME OF CONTRACTOR			SIGNATURE			TYPED NAME AND TITLE			DATE SIGNED (YYYYMMDD)		
<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									
* 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>24. UNITED STATES OF AMERICA</b> MAJOR MICHELLE SANNER /SIGNED/ SANNERM@RIA.ARMY.MIL (309)782-4931				<b>25. TOTAL</b>		\$68,992.05	
				BY: _____				<b>26. DIFFERENCES</b>			
<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>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>31. PAYMENT</b>				<b>34. CHECK NUMBER</b>	
<b>36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.</b>						<input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL				<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>	

**CONTINUATION SHEET****Reference No. of Document Being Continued****Page 2 of 5**

PIIN/SIIN DAAE20-03-A-0038/0003

MOD/AMD

**Name of Offeror or Contractor:** E A W ELECTRONIC SYSTEMS INC

## SUPPLEMENTAL INFORMATION

1. THE PURPOSE OF THIS ORDER IS TO AWARD 65 EACH CIRCUIT CARD ASSEMBLIES, NSN: 5998-01-063-6379, P/N: SM-D-804969.
2. CLIN 0001AA IS FOR FIRST ARTICLE TEST (FAT), DELIVERY IS 126 DAYS AFTER RECEIPT OF ORDER. TOTAL FAT IS \$742.00 EACH FOR A TOTAL OF \$2226.00. FAT IS NOT SEPARATELY PRICED.
3. CLIN 0001AB IS FOR PRODUCTION, DELIVERY IS 126 DAYS AFTER FIRST ARTICLE APPROVAL. THE FAT UNIT PRICE IS INCLUDED IN THIS CLIN. TOTAL CLIN UNIT PRICE IS \$491.55, FOR A TOTAL CLIN AMOUNT OF \$31,950.75.
4. CLIN 0001AC IS FOR PRODUCTION. DELIVERY IS 126 DAYS AFTER FIRST ARTICLE APPROVAL. THE UNIT PRICE IS \$457.30, FOR A TOTAL LIN AMOUNT OF \$37,041.30.
4. THE DELIVERY SCHEDULE IS IN SECTION B.
5. DUE TO RECENT INCREASES IN WORKLOAD, SHIPMENTS TO DEFENSE DEPOT SUSQUEHANNA PENNSYLVANIA, (DDSP)(NEW CUMBERLAND) ARE EXPERIENCING PROBLEMS RECEIVING CONTRACT DELIVERIES. TO AVOID DELIVERY DELAYS, ALL DELIVERIES SCHEDULED FOR DDSP (NEW CUMBERLAND) NOW REQUIRE AN APPOINTMENT. CONTRACTORS ARE REQUIRED TO SCHEDULE DELIVERY APPOINTMENTS BY CALLING DDSP CUSTOMER SERVICE HOTLINE 10 DAYS PRIOR TO DELIVERY DATE. THE DDSP CUSTOMER SERVICE NUMBER IS 1-800-307-8496. APPOINTMENTS FOR FOB ORIGIN SHIPMENTS SHOULD BE COORDINATED WITH DCMA TRANSPORTATION. THE FOLLOWING INFORMATION WILL BE REQUIRED:
  - A. CONTRACT NUMBER
  - B. ITEM NAME (NOUN)
  - C. NSN
  - D. TOTAL WEIGHT AND CUBE
  - E. VENDOR
  - F. IDENTIFICATION OF CONSOLIDATION AND CONTAINERIZATION POINT (CCP) STOCK OR MISSION STOCKITEM F MAY BE OBTAINED BY CALLING THE CONTRACT SPECIALIST, IRENE MAWSON (309) 782-3810 OR THE ITEM MANAGER, DIANE MAYHALL (309) 782-6765.  
  
PLEASE CONTACT THE CONTRACT SPECIALIST FOR ASSISTANCE REGARDING PROBLEMS MAKING APPOINTMENTS.
6. ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.

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





**CONTINUATION SHEET**

**Reference No. of Document Being Continued**

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**PIIN/SIIN** DAAE20-03-A-0038/0003

**MOD/AMD**

**Name of Offeror or Contractor:** E A W ELECTRONIC SYSTEMS INC

CONTRACT ADMINISTRATION DATA

LINE	PRON/ AMS CD/ <u>ITEM</u>	<u>ACRN</u>	<u>STAT</u>	<u>ACCOUNTING CLASSIFICATION</u>	JOB ORDER <u>NUMBER</u>	<u>ACCOUNTING STATION</u>	<u>OBLIGATED AMOUNT</u>	
0001AB	M121A215M1 070011	AA	2	97 X4930AC6G 6D	26FB S11116	W52H09 \$	31,950.75	
0001AC	M141A093M1 070011	AA	2	97 X4930AC6G 6D	26FB S11116	W52H09 \$	37,041.30	
TOTAL							\$	68,992.05

<u>SERVICE NAME</u>	<u>TOTAL BY ACRN</u>	<u>ACCOUNTING CLASSIFICATION</u>	<u>ACCOUNTING STATION</u>	<u>OBLIGATED AMOUNT</u>
Army	AA	97 X4930AC6G 6D	26FB S11116	W52H09 \$ 68,992.05
TOTAL				\$ 68,992.05