

**ORDER FOR SUPPLIES OR SERVICES**

<b>1. CONTRACT PURCH ORDER/AGREEMENT NO.</b> DAAE20-03-D-0124				<b>2. DELIVERY ORDER/CALL NO.</b> 0002		<b>3. DATE OF ORDER/CALL (YYYYMMDD)</b> 2003AUG20		<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-A LINDA M MAES (309)782-3657 ROCK ISLAND IL 61299-7630 EMAIL: MAESL@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>8. DELIVERY FOB</b> <input checked="" type="checkbox"/> DESTINATION <input type="checkbox"/> OTHER (See Schedule if other)				
<b>9. CONTRACTOR</b> SEILER INSTRUMENT & MANUFACTURING CO., INC. 170 E. KIRKHAM AVENUE ST LOUIS, MO. 63119-1791			<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>NAME AND ADDRESS</b>							<b>12. DISCOUNT TERMS</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>	<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.												
<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													
* 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> BARRY R HARTLEBEN /SIGNED/ HARTLEBEN@RIA.ARMY.MIL (309) 782-7116					<b>25. TOTAL</b> \$255.00		<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>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>					

**CONTINUATION SHEET****Reference No. of Document Being Continued****Page 2 of 4****PIIN/SIIN** DAAE20-03-D-0124/0002**MOD/AMD****Name of Offeror or Contractor:** SEILER INSTRUMENT & MANUFACTURING CO., INC.

## SUPPLEMENTAL INFORMATION

1. THIS DELIVERY ORDER 0002 IS ISSUED AGAINST LONG TERM REQUIREMENTS CONTRACT DAAE20-03-D-0124 WITH SEILER INSTRUMENT AND MANUFACTURING COMPANY, INC. THIS DELIVERY ORDER 0002 IS FOR THE AWARD OF THE FOLLOWING ITEM:

CLIN 0005AB 17 EACH WASHER, CONVEX NSN: 5310-01-341-4748 P/N: 12592235 UNIT PRICE \$15.00 TOTAL PRICE \$255.00

2. THIS DELIVERY ORDER 0002 IS AWARDED AGAINST ORDERING PERIOD ONE: AWARD DATE THROUGH 30 SEP 2003. DELIVERY IS 150 DAYS AFTER AWARD PER THE BASIC CONTRACT OR 20 JAN 04, SEE SCHEDULE B, PAGE 3, OF THIS DELIVERY ORDER. THE UNIT PRICE SHOWN ABOVE IS IN ACCORDANCE WITH THE PRICING EVALUATION SPREADSHEET INCORPORATED INTO THE BASIC LONG TERM REQUIREMENTS CONTRACT.

3. THE TOTAL DOLLAR VALUE OF THIS DELIVERY ORDER 0002 IS \$255.00.

3. ALL OTHER TERMS AND CONDITIONS OF THE BASIC REQUIREMENTS CONTRACT DAAE20-03-D-0124 APPLY TO THIS DELIVERY ORDER.

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

CONTINUATION SHEET

Reference No. of Document Being Continued  
 PIIN/SIIN DAAE20-03-D-0124/0002 MOD/AMD

Name of Offeror or Contractor: SEILER INSTRUMENT & MANUFACTURING CO., INC.

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT																		
0005	SUPPLIES OR SERVICES AND PRICES/COSTS  NSN: 5310-01-341-4748 FSCM: 19200 PART NR: 12592235 SECURITY CLASS: Unclassified																						
0005AB	<u>PRODUCTION QUANTITY WITHOUT FIRST ARTICLE/OV</u>  NOUN: WASHER, CONVEX PRON: M131R364M1 PRON AMD: 01 ACRN: AA AMS CD: 070011  <u>Packaging and Marking</u>  <u>Inspection and Acceptance</u> INSPECTION: Origin ACCEPTANCE: Origin  <u>Deliveries or Performance</u> DOC SUPPL <table border="0"> <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></td> <td><u>TP CD</u></td> </tr> <tr> <td>001</td> <td>W52H093219Z920</td> <td>W25G1U</td> <td>J</td> <td></td> <td>1</td> </tr> </table> <table border="0"> <tr> <td><u>DEL REL CD</u></td> <td><u>QUANTITY</u></td> <td><u>DEL DATE</u></td> </tr> <tr> <td>001</td> <td>17</td> <td>20-JAN-2004</td> </tr> </table> 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> DAAE20-03-D-0124/0002	<u>REL CD</u>	<u>MILSTRIP</u>	<u>ADDR</u>	<u>SIG CD</u>	<u>MARK FOR</u>	<u>TP CD</u>	001	W52H093219Z920	W25G1U	J		1	<u>DEL REL CD</u>	<u>QUANTITY</u>	<u>DEL DATE</u>	001	17	20-JAN-2004	17	EA	\$ 15.00000	\$ 255.00
<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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**Reference No. of Document Being Continued**

**PIIN/SIIN** DAAE20-03-D-0124/0002

**MOD/AMD**

**Name of Offeror or Contractor:** SEILER INSTRUMENT & MANUFACTURING CO., INC.

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>			
0005AB	M131R364M1	AA 2	97	X4930AC6G 6D	26FB S11116	W52H09	\$	255.00
	070011							
						TOTAL	\$	255.00

SERVICE	ACCOUNTING	OBLIGATED
<u>NAME</u>	<u>STATION</u>	<u>AMOUNT</u>
Army	W52H09	\$ 255.00
	TOTAL	\$ 255.00