

**ORDER FOR SUPPLIES OR SERVICES**

<b>1. CONTRACT PURCH ORDER/AGREEMENT NO.</b> DAAE30-03-D-1003	<b>2. DELIVERY ORDER/CALL NO.</b> DG02	<b>3. DATE OF ORDER/CALL (YYYYMMDD)</b> 2004SEP02	<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-CFA-B CINDY AHRENS (309)782-4372 ROCK ISLAND IL 61299-7630 EMAIL: AHRENSC@RIA.ARMY.MIL	<b>CODE</b> W52H09	<b>7. ADMINISTERED BY (if other than 6)</b> DCMA CENTRAL PENNSYLVANIA-YORK PO BOX 15512 YORK PA 17405-1512	<b>CODE</b> S4201A	<b>8. DELIVERY FOB</b> <input type="checkbox"/> DESTINATION <input checked="" type="checkbox"/> OTHER (See Schedule if other)
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<b>9. CONTRACTOR</b> UNITED DEFENSE, L.P. GROUND SYSTEMS DIVISION 1100 BAIRS ROAD PO BOX 15512 YORK, PA. 17405-1512	<b>CODE</b> 06085	<b>FACILITY</b>	<b>10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD)</b> SEE SCHEDULE	<b>11. X IF BUSINESS IS</b> <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMAN-OWNED
<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 NORTH ENTITLEMENT OPERATIONS PO BOX 182266 COLUMBUS OH 43218-2266	<b>CODE</b> HQ0337	<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> <input checked="" type="checkbox"/>	<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>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>FMS REQUIREMENT</b>
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18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
	SEE SCHEDULE CONTRACT TYPE: Fixed-Price Redetermination  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.	<b>24. UNITED STATES OF AMERICA</b> MARY DONOVAN /SIGNED/ DONOVANM@RIA.ARMY.MIL (309)782-4895 BY: _____ CONTRACTING/ORDERING OFFICER	<b>25. TOTAL</b>	\$121,568.00
		<b>26. DIFFERENCES</b>	

**27a. QUANTITY IN COLUMN 20 HAS BEEN**  
 INSPECTED     RECEIVED     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>
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<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>32. PAID BY</b> <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		<b>33. AMOUNT VERIFIED CORRECT FOR</b>
<b>g. E-MAIL ADDRESS</b>	<b>31. PAYMENT</b> <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		<b>34. CHECK NUMBER</b>

<b>36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.</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>
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**CONTINUATION SHEET****Reference No. of Document Being Continued****Page 2 of 4****PIIN/SIIN** DAAE30-03-D-1003/DG02**MOD/AMD****Name of Offeror or Contractor:** UNITED DEFENSE, L.P.

## SUPPLEMENTAL INFORMATION

1. DELIVERY ORDER DG02 IS AWARDED UNDER THE TERMS AND CONDITIONS OF CONTRACT DAAE30-03-D-1003.

2. THIS DELIVERY ORDER OBLIGATES FUNDING AS FOLLOWS:

A. CLIN 0004AD - FUNDING IN THE AMOUNT OF \$101,193.00 FOR CONTRACTOR SYSTEMS TECHNICAL SUPPORT (STS) SERVICES FOR EGYPT. TASK 4, WORK DIRECTIVE 5 WILL APPLY TO THIS FUNDING.

B. CLIN 0004AE - FUNDING IN THE AMOUNT OF \$20,375.00 FOR CONTRACTOR STS SERVICES FOR BELGIUM. TASK 4, WORK DIRECTIVE 4 WILL APPLY TO THIS FUNDING.

3. BOTH OF THE ABOVE CLINS ARE AWARDED ON A COST PLUS FIXED FEE BASIS.

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



**CONTINUATION SHEET**

**Reference No. of Document Being Continued**

**PIIN/SIIN** DAAE30-03-D-1003/DG02 **MOD/AMD**

**Name of Offeror or Contractor:** UNITED DEFENSE, L.P.

CONTRACT ADMINISTRATION DATA

LINE	PRON/ AMS CD/ ITEM	ACRN	OBLG STAT	ACCOUNTING CLASSIFICATION	JOB ORDER NUMBER	ACCOUNTING STATION	OBLIGATED AMOUNT
0004AD	J52X7B70M1 UUN001 J52W3930DC01	AA	2	9711 X8242EG01X6V6V01UUN 00125GBEGS11116	278B70	W52H09 \$	101,193.00
0004AE	J548L027M1 WCZ001 J52W3995DC01	AB	2	9711 X8242BE01X6V6V01WCZ 0012516BES11116	2BRB05	W52H09 \$	20,375.00
						TOTAL	\$ 121,568.00

SERVICE NAME	TOTAL BY ACRN	ACCOUNTING CLASSIFICATION	ACCOUNTING STATION	OBLIGATED AMOUNT
Army	AA	9711 X8242EG01X6V6V01UUN 00125GBEGS11116	W52H09	\$ 101,193.00
Army	AB	9711 X8242BE01X6V6V01WCZ 0012516BES11116	W52H09	\$ 20,375.00
			TOTAL	\$ 121,568.00