

**ORDER FOR SUPPLIES OR SERVICES**

<b>1. CONTRACT PURCH ORDER/AGREEMENT NO.</b> W52H09-04-D-0145				<b>2. DELIVERY ORDER/CALL NO.</b> 0001		<b>3. DATE OF ORDER/CALL (YYYYMMDD)</b> 2004SEP15		<b>4. REQUISITION/PURCH REQUEST NO.</b> SEE SCHEDULE		<b>5. PRIORITY</b> DOA5		
<b>6. ISSUED BY</b> TACOM-ROCK ISLAND AMSTA-LC-CSC-A JOANNE WHITNEY (309)782-5320 ROCK ISLAND IL 61299-7630 EMAIL: WHITNEYJ@RIA.ARMY.MIL			<b>CODE</b> W52H09		<b>7. ADMINISTERED BY (if other than 6)</b> DCMA TWIN CITIES BISHOP HENRY WHIPPLE FEDERAL BLDG 1 FEDERAL DRIVE, ROOM 1150 FORT SNELLING MN 55111-4007				<b>CODE</b> S2401A		<b>8. DELIVERY FOB</b> <input type="checkbox"/> DESTINATION <input checked="" type="checkbox"/> OTHER (See Schedule if other)	
<b>9. CONTRACTOR</b> MORRISSEY INC 9304 BRYANT AVE S BLOOMINGTON, MN. 55420-3474			<b>CODE</b> 1L666		<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.												
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> CEAN L HARTLEBEN /SIGNED/ HARTLEBENC@RIA.ARMY.MIL (309)782-3429				<b>25. TOTAL</b>		\$132,970.00		
				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>		

<b>CONTINUATION SHEET</b>	<b>Reference No. of Document Being Continued</b> <b>PIIN/SIIN</b> W52H09-04-D-0145/0001 <b>MOD/AMD</b>	<b>Page 2 of 5</b>
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**Name of Offeror or Contractor:** MORRISSEY INC

SUPPLEMENTAL INFORMATION

Delivery Order 0001 is hereby awarded under the terms and conditions of contract W52H09-04-D-0145.

Award is made for 4,000 each Heat Shield, NSN: 1005-01-249-0184 CLIN 0001AB.

Earlier partial delivery is authorized.

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



**CONTINUATION SHEET**

**Reference No. of Document Being Continued**  
**PIIN/SIN** W52H09-04-D-0145/0001 **MOD/AMD**

**Name of Offeror or Contractor:** MORRISSEY INC

<b>ITEM NO</b>	<b>SUPPLIES/SERVICES</b>	<b>QUANTITY</b>	<b>UNIT</b>	<b>UNIT PRICE</b>	<b>AMOUNT</b>
	<p><u>CONTRACT/DELIVERY ORDER NUMBER</u> W52H09-04-D-0145/0001</p>				

**CONTINUATION SHEET**

**Reference No. of Document Being Continued**

**PIIN/SIIN** W52H09-04-D-0145/0001 **MOD/AMD**

**Name of Offeror or Contractor:** MORRISSEY 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>	
0001AA	M141S988M1 0700116Z6ZA	AA	2	97 X4930AC6G 6D	26FB S11116	W52H09 \$	450.00	
0001AB	M141S298M1 0700116Z6ZA	AA	2	97 X4930AC6G 6D	26FB S11116	W52H09 \$	132,520.00	
TOTAL							\$	132,970.00

SERVICE <u>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 \$ 132,970.00
TOTAL				\$ 132,970.00