

**ORDER FOR SUPPLIES OR SERVICES**

<b>1. CONTRACT PURCH ORDER/AGREEMENT NO.</b> W52H09-04-D-0151				<b>2. DELIVERY ORDER/CALL NO.</b> 0001		<b>3. DATE OF ORDER/CALL (YYYYMMDD)</b> 2004OCT06		<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 CATHY MENDOZA (309)782-1258 ROCK ISLAND IL 61299-7630 EMAIL: MENDOZAC@RIA.ARMY.MIL				<b>CODE</b> W52H09		<b>7. ADMINISTERED BY (if other than 6)</b> DCMA ATLANTA 2300 LAKE PARK DRIVE SUITE 300 SMYRNA GA 30080				<b>CODE</b> S1103A	
<b>9. CONTRACTOR</b> ALPHA TECHNOLOGIES 208 BOOT HILL DRIVE WINCHESTER, TN. 37398-3345				<b>CODE</b> 0HF27		<b>FACILITY</b>		<b>10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD)</b> SEE SCHEDULE		<b>8. DELIVERY FOB</b> <input type="checkbox"/> DESTINATION <input checked="" type="checkbox"/> OTHER (See Schedule if other)	
<b>NAME AND ADDRESS</b>				<b>SCD: C</b>		<b>PAS: NONE</b>		<b>ADP PT: HQ0338</b>		<b>11. X IF BUSINESS IS</b> <input checked="" type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input 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 DFAS-CO/SOUTH ENTITLEMENT OPERATION P O BOX 182264 COLUMBUS OH 43218-2264				<b>CODE</b> HQ0338	
<b>MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2</b>				<b>13. MAIL INVOICES TO THE ADDRESS IN BLOCK</b> See Block 15							
<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>							
		<input checked="" type="checkbox"/>		<b>Reference your</b> <input type="checkbox"/> Oral <input type="checkbox"/> Written <b>Quotation</b> _____, <b>Dated</b> _____.							
<b>PURCHASE</b>				furnish the following on terms specified herein.							
				<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>							
<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									
<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> CEAN L HARTLEBEN /SIGNED/ HARTLEBENC@RIA.ARMY.MIL (309)782-3429				<b>25. TOTAL</b>		\$153,720.00	
				<b>BY:</b>				<b>CONTRACTING/ORDERING OFFICER</b>		<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>		<b>34. CHECK NUMBER</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 W52H09-04-D-0151/0001

MOD/AMD

**Name of Offeror or Contractor:** ALPHA TECHNOLOGIES

## SUPPLEMENTAL INFORMATION

DELIVERY ORDER 0001 IS HEREBY AWARDED UNDER THE TERMS AND CONDITIONS OF CONTRACT W52H09-04-D-0151 FOR THE FOLLOWING:

<u>CLIN</u>	<u>ITEM DESCRIPTION</u>	<u>QTY</u>	<u>UNIT PRICE</u>	<u>TOTAL PRICE</u>
0001AA	FIRST ARTICLE TEST REPORT	1	\$ 3,400.00	\$ 3,400.00
0001AB	M249 GUN CHARGER	4,000	\$ 37.58	\$150,320.00

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



CONTINUATION SHEET

Reference No. of Document Being Continued  
 PIIN/SIIN W52H09-04-D-0151/0001 MOD/AMD

Name of Offeror or Contractor: ALPHA TECHNOLOGIES

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	005 500 31-DEC-2005				
	006 500 31-JAN-2006				
	007 500 28-FEB-2006				
	008 500 31-MAR-2006				
	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> W52H09-04-D-0151/0001				
0002	<u>SPECIAL ACCEPTANCE INSPECTION EQUIPMENT</u>  NOUN: DD FORM 1423 CDRL A004 SECURITY CLASS: Unclassified  <u>Inspection and Acceptance</u> INSPECTION: Destination ACCEPTANCE: Destination			\$ ** NSP **	\$ ** NSP **
0003	<u>PHOSPHATE COATING PRE-PRODUCTION PROCEDURES</u>  NOUN: DD FORM 1423 CDRL A005 SECURITY CLASS: Unclassified  <u>Inspection and Acceptance</u> INSPECTION: Destination ACCEPTANCE: Destination			\$ ** NSP **	\$ ** NSP **

**CONTINUATION SHEET**

**Reference No. of Document Being Continued**

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**PIIN/SIIN** W52H09-04-D-0151/0001 **MOD/AMD**

**Name of Offeror or Contractor:** ALPHA TECHNOLOGIES

CONTRACT ADMINISTRATION DATA

LINE	PRON/ AMS CD/ <u>ITEM</u>	<u>ACRN</u>	<u>STAT</u>	<u>ACCOUNTING CLASSIFICATION</u>		<u>JOB</u> ORDER <u>NUMBER</u>	<u>ACCOUNTING</u> <u>STATION</u>	<u>OBLIGATED</u> <u>AMOUNT</u>
0001AA	M141S963M1 0600116Z6ZA	AA	2	97 X4930AC9G 6D	26KB S11116		W52H09 \$	3,400.00
0001AB	M141S555M1 0600116Z6ZA	AA	2	97 X4930AC9G 6D	26KB S11116		W52H09 \$	150,320.00
							TOTAL	\$ 153,720.00

<u>SERVICE</u> <u>NAME</u>	<u>TOTAL BY ACRN</u>	<u>ACCOUNTING CLASSIFICATION</u>		<u>ACCOUNTING</u> <u>STATION</u>	<u>OBLIGATED</u> <u>AMOUNT</u>
Army	AA	97 X4930AC9G 6D	26KB S11116	W52H09	\$ 153,720.00
				TOTAL	\$ 153,720.00