

| ORDER FOR SUPPLIES OR SERVICES  |  |                               |  |   | Form Approved  | Page 1 Of 5  |
|---|--|-------------------------------|--|---|--|--|
| 1. Contract/Purch Order No.<br>DAAE20-97-D-0023   |  | 2. Delivery Order No.<br>0022 |  | 3. Date Of Order<br>1999AUG10   | 4. Requisition/Purch Request No.<br>SEE SCHEDULE   |  |
| 6. Issued By<br>TACOM-ROCK ISLAND<br>AMSTA-AC-PCH-C<br>JUDY R PAGLIARO (309) 782-5086<br>ROCK ISLAND IL 61299-7630<br><br>EMAIL: PAGLIAROJ@RIA.ARMY.MIL                                   |  |                               | Code<br>W52H09   | 7. Administered By (If other than 6)<br>PR ACALA<br>ATTN FIN AND ACCT OFC<br>ROCK ISLAND IL 61299-6000  |  | Code<br>W52H09   |
| 9. Contractor<br>TDF CORPORATION<br>1717 PARK STREET SUITE 301<br>NAPERVILLE IL 60563-0000  |  |                               | Code<br>OPL65  | Facility Code   | 10. Deliver To FOB Point By (Date)<br><br>SEE SCHEDULE   | 8. Delivery FOB<br><br><input type="checkbox"/> Dest<br><input checked="" type="checkbox"/> Other<br><br>(See Schedule if other) |
| 11. Mark If Business Is<br><input type="checkbox"/> Small<br><input checked="" type="checkbox"/> Small Disadvantaged<br><input type="checkbox"/> Woman-Owned                              |  |                               | 12. Discount Terms<br>Net 30 Days  | 13. Mail Invoices To<br>See Block 15  | 11. Mark If Business Is<br><input type="checkbox"/> Small<br><input checked="" type="checkbox"/> Small Disadvantaged<br><input type="checkbox"/> Woman-Owned |  |
| TYPE BUSINESS: Small Disadvantaged Business Performing in U.S.  |  |                               |  |   |  |  |
| 14. Ship To<br>SEE SCHEDULE   |  |                               | Code   | 15. Payment Will Be Made By<br>DFAS ST LOUIS<br>ATT DFAS-SL-FPV<br>4300 GOODFELLOW BLVD BLDG 110<br>PO BOX 200009<br>ST LOUIS MO 63120-0009   |  | Code<br>HQ0304   |
| 16. T O Y R P D E E R O F   |  |                               | Delivery   | X   | This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.             |  |
| Purchase  |  |                               | Reference your   | <input type="checkbox"/> Oral; <input type="checkbox"/> Written Quotation   | , Dated  |  |
| Purchase  |  |                               | 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  |
| <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:  |  |                               |  |   |  |  |
| 17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE SEE SCHEDULE  |  |                               |  |   |  |  |
| 18. Item No.  | 19. Schedule Of Supplies/Service<br>SEE SCHEDULE<br>CONTRACT TYPE:<br>Labor-Hour<br>KIND OF CONTRACT:<br>Service Contracts |                               | 20. Quantity Ordered/ Accepted*  | 21. Unit  | 22. Unit Price   | 23. Amount   |
| * If quantity accepted by the Government is sameas quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.                     |  |                               | 24. United States Of America<br>By: HOWARD LEWIS<br>LEWISH@RIA.ARMY.MIL (309) 782-3506                                 |   | 25. Total<br>\$199,547.15  | 29. Differences  |
| 26. Quantity In Column 20 Has Been<br><br><input type="checkbox"/> Inspected <input type="checkbox"/> Received <input type="checkbox"/> Accepted And Conforms To Contract Except As Noted |  |                               | 27. Ship. No.  | 28. D.O. Voucher No.  | 30. Initials   | 33. Amount Verified Correct For  |
| Date _____ Signature Of Authorized Govt Representative _____  |  |                               | 31. Payment<br><input type="checkbox"/> Complete<br><input type="checkbox"/> Partial<br><input type="checkbox"/> Final | 32. Paid By   | 34. Check Number   | 35. Bill Of Lading No.   |
| 36. I certify this account is correct and proper for payment<br><br>Date _____ Signature And Title Of Certifying Officer _____  |  |                               | 37. Received At  | 38. Received By   | 39. Date Received  | 40. Total Containers   |
|   |  |                               |  | 41. S/R Account No.   | 42. S/R Voucher No.  |  |

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

PIIN/SIIN DAAE20-97-D-0023/0022

MOD/AMD

**Name of Offeror or Contractor:** TDF CORPORATION

## SUPPLEMENTAL INFORMATION

This Task Order establishes Contract Line Item Number (CLIN) 0027 for Army Electronic Product Support (AEPS) Requisitioning Processes in accordance with the attached Scope of Work dated 10 August 1999.

Total cost is not to exceed the ceiling price of \$199,547.15 for this effort.

Ceiling not-to-exceed price for labor categories, hours, amounts, and travel are as follows:

|                  |           |              |
|------------------|-----------|--------------|
| PM               | 321 hours | \$23,872.77  |
| Sftwe Int An III | 2175 hrs  | \$119,407.50 |
| Sr System An     | 1074 hrs  | \$49,017.36  |
| Admin Ast        | 96 hrs    | \$2,229.12   |
| Travel           |           | \$5,020.40   |

The period of performance is through 30 September 2000 or as later modified.

\*\*\* END OF NARRATIVE A001 \*\*\*

CONTINUATION SHEET

Reference No. of Document Being Continued  
 PIIN/SIIN DAAE20-97-D-0023/0022 MOD/AMD

Name of Offeror or Contractor: TDF CORPORATION

| ITEM NO | SUPPLIES/SERVICES  | QUANTITY | UNIT | UNIT PRICE | AMOUNT        |
|---------|--|----------|------|------------|---------------|
| 0027    | SUPPLIES OR SERVICES AND PRICES/COSTS<br><u>Supplies or Services and Prices/Costs</u>  |          |      |            |               |
| 0027AA  | <u>SERVICES LINE ITEM</u>  |          |      |            | \$ 199,547.15 |
|         | NOUN: REQUISITIONS/E-MALL<br>SECURITY CLASS: Unclassified<br>PRON: M199R035M1 PRON AMD: 01 ACRN: AA<br>AMS CD: SMC49170000SMC4 |          |      |            |               |
|         | <u>Inspection and Acceptance</u><br>INSPECTION: Destination ACCEPTANCE: Destination  |          |      |            |               |
|         | <u>Deliveries or Performance</u><br>DLVR SCH PERF COMPL<br><u>REL CD QUANTITY DATE</u><br>001 0 30-SEP-2000                    |          |      |            |               |
|         | \$ 199,547.15  |          |      |            |               |

**CONTINUATION SHEET**

**Reference No. of Document Being Continued**

**PIIN/SIIN** DAAE20-97-D-0023/0022 **MOD/AMD**

**Name of Offeror or Contractor:** TDF CORPORATION

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>               |
| 0027AA          | M199R035M1    | AA 2             | 97           | X4930AC5GX6D6D02PSMC49125GB S1111699R035 | 98XA23 W52H09 \$ 199,547.15 |
| SMC49170000SMC4 |               |                  |              |  |                             |
|                 |               |                  |              |  | TOTAL \$ 199,547.15         |

| SERVICE     | ACCOUNTING     | OBLIGATED     |
|-------------|----------------|---------------|
| <u>NAME</u> | <u>STATION</u> | <u>AMOUNT</u> |
| Army        | W52H09         | \$ 199,547.15 |
|             | TOTAL          | \$ 199,547.15 |

**CONTINUATION SHEET**

**Reference No. of Document Being Continued**

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**PIIN/SIIN** DAAE20-97-D-0023/0022

**MOD/AMD**

**Name of Offeror or Contractor:** TDF CORPORATION

LIST OF ATTACHMENTS

| <u>List of</u><br><u>Addenda</u> | <u>Title</u>                               | <u>Date</u> | <u>Number</u><br><u>of Pages</u> | <u>Transmitted By</u> |
|----------------------------------|--|-------------|----------------------------------|-----------------------|
| Attachment 001                   | SCOPE OF WORK, AEPS REQUISITIONING PROCESS | 10-AUG-99   | 004                              |                       |