

**ORDER FOR SUPPLIES OR SERVICES**

<b>1. Contract/Purch Order/Agreement No.</b>  DAAE20-97-D-0023	<b>2. Delivery Order/Call No.</b>  0060	<b>3. Date Of Order/Call (YYYYMMDD)</b>  2001APR27	<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-AQ-ARCS JUDY PAGLIARO (309)782-5086 ROCK ISLAND IL 61299-7630  EMAIL: PAGLIAROJ@RIA.ARMY.MIL	<b>Code</b>	W52H09	<b>7. Administered By (If other than 6)</b> PR ACALA ATTN FIN AND ACCT OFC ROCK ISLAND IL 61299-6000	<b>Code</b>	W52H09	<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>  TDF CORPORATION 750 E DIEHL RD SUITE 127 NAPERVILLE IL 60563-0000  Name and Address	<b>Code</b>	OPL65	<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 checked="" type="checkbox"/> Small Disadvantaged <input type="checkbox"/> Woman-Owned
				<b>SCD C</b>	<b>PAS NONE</b>	<b>ADP PT W52H09</b>
				<b>12. Discount Terms</b>  Net 30 Days		
				<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 ST LOUIS ATT DFAS-SL-FPV 4300 GOODFELLOW BLVD BLDG 110 PO BOX 200009 ST LOUIS MO 63120-0009	<b>Code</b>	HQ0304	<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"/>	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)
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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 SEE SCHEDULE CONTRACT TYPE: Labor-Hour	20. Quantity Ordered/ Accepted*	21. Unit	22. Unit Price	23. Amount
	KIND OF CONTRACT: Service Contracts				

<i>* 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.</i>	24. United States Of America  By: REBECCA A HORST /SIGNED/ HORSTR@RIA.ARMY.MIL (309)782-7252	25. Total	\$340,000.00
		29. Differences	

<b>26. 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  Date _____ Signature Of Authorized Govt Representative _____	<b>27. Ship. No.</b>	<b>28. D.O. Voucher No.</b>	<b>30. Initials</b>	<b>25. Total</b>	\$340,000.00
<b>36. I certify this account is correct and proper for payment</b>  Date _____ Signature And Title Of Certifying Officer _____	<input type="checkbox"/> Partial	<b>32. Paid By</b>	<b>33. Amount Verified Correct For</b>	<b>29. Differences</b>	
	<input type="checkbox"/> Final				
	<b>31. Payment</b>		<b>34. Check Number</b>		
	<input type="checkbox"/> Complete		<b>35. Bill Of Lading No.</b>		
	<input type="checkbox"/> Partial				
	<input type="checkbox"/> Final				

37. Received At	38. Received By	39. Date Received	40. Total Containers	41. S/R Account Number	42. S/R Voucher No.
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**CONTINUATION SHEET****Reference No. of Document Being Continued****Page 2 of 5**

PIIN/SIIN DAAE20-97-D-0023/0060

MOD/AMD

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

## SUPPLEMENTAL INFORMATION

AEPS Support/Security

This Task Order 0060 establishes CLIN 0066 for AEPS Support/Security in accordance with the attached Scope of Work.

Total cost is not to exceed the total ceiling price of \$340,000.00 for this effort.

Ceilings for labor categories, hours, and amounts are as follows:

PM	530 hours	\$39,416.10
SSA	1152 hours	\$52,577.28
TW	400 hours	\$9,992.00
AA	360 hours	\$8,359.20
I4	420 hours	\$26,506.20
I3	2740 hours	\$150,426.00
i2	400 hours	\$18,568.00
I1	528 hours	\$21,748.32
Travel		<u>\$12,406.90</u>
		\$340,000.00

The performance completion date is 30 May 2002.

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

CONTINUATION SHEET

Reference No. of Document Being Continued  
 PIIN/SIIN DAAE20-97-D-0023/0060 MOD/AMD

Name of Offeror or Contractor: TDF CORPORATION

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0066	SUPPLIES OR SERVICES AND PRICES/COSTS <u>Supplies or Services and Prices/Costs</u>				
0066AA	<u>SERVICES LINE ITEM</u>				\$ 340,000.00
	NOUN: AEPS SUPPORT SECURITY SECURITY CLASS: Unclassified PRON: M119R020M1 PRON AMD: 01 ACRN: AA AMS CD: SMC40102000SMC4				
	<u>Inspection and Acceptance</u> INSPECTION: Destination ACCEPTANCE: Destination				
	<u>Deliveries or Performance</u> DLVR SCH PERF COMPL <u>REL CD QUANTITY DATE</u> 001 0 30-MAY-2002				
	\$ 340,000.00				

**CONTINUATION SHEET**

**Reference No. of Document Being Continued**

**PIIN/SIIN** DAAE20-97-D-0023/0060

**MOD/AMD**

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

CONTRACT ADMINISTRATION DATA

LINE	PRON/	OBLG				JOB			
<u>ITEM</u>	<u>AMS CD</u>	<u>ACRN</u>	<u>STAT</u>	<u>ACCOUNTING CLASSIFICATION</u>		<u>ORDER</u>	<u>ACCOUNTING</u>		<u>OBLIGATED</u>
						<u>NUMBER</u>	<u>STATION</u>		<u>AMOUNT</u>
0066AA	M119R020M1	AA	2	97	X4930AC5GX6D6D02PSMC401252B	S11116	1LKPSQ	W52H09	\$ 340,000.00
	SMC40102000SMC4								
							TOTAL	\$	340,000.00

SERVICE						ACCOUNTING		OBLIGATED
<u>NAME</u>	<u>TOTAL BY ACRN</u>		<u>ACCOUNTING CLASSIFICATION</u>			<u>STATION</u>		<u>AMOUNT</u>
Army	AA		97	X4930AC5GX6D6D02PSMC401252B	S11116	W52H09	\$	340,000.00
						TOTAL	\$	340,000.00

**CONTINUATION SHEET**

**Reference No. of Document Being Continued**

**Page 5 of 5**

**PIIN/SIIN** DAAE20-97-D-0023/0060

**MOD/AMD**

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

LIST OF ATTACHMENTS

<u>List of</u> <u>Addenda</u>	<u>Title</u>	<u>Date</u>	<u>Number</u> <u>of Pages</u>	<u>Transmitted By</u>
Attachment 001	SCOPE OF WORK FOR AEPS SECURITY/SUPPORT	26-APR-2001	009	