

ORDER FOR SUPPLIES OR SERVICES

1. Contract/Purch Order/Agreement No. DAAE20-97-D-0023	2. Delivery Order/Call No. 0105	3. Date Of Order/Call (YYYYMMDD) 2002SEP24	4. Requisition/Purch Request No. SEE SCHEDULE	5. Priority DOA5
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6. Issued By TACOM-ROCK ISLAND AMSTA-LC-CT JUDY PAGLIARO (309)782-5086 ROCK ISLAND IL 61299-7630 EMAIL: PAGLIAROJ@RIA.ARMY.MIL	Code	W52H09	7. Administered By (If other than 6) PR TACOM-RI ATTN FIN AND ACCT OFC ROCK ISLAND IL 61299-6000	Code	W52H09	8. Delivery FOB <input type="checkbox"/> Destination <input checked="" type="checkbox"/> Other (See Schedule if other)
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9. Contractor • TDF CORPORATION ROCK ISLAND ARSENAL Name and Address BLDG 110, NE CORNER, GROUND FLOOR P O BOX 5164 ROCK ISLAND IL 61299-5001 • TYPE BUSINESS: Small Disadvantaged Business Performing in U.S.	Code	OPL65	Facility		10. Deliver To FOB Point By (Date) (YYYYMMDD) SEE SCHEDULE	11. X If Business Is <input type="checkbox"/> Small <input type="checkbox"/> Small Disadvantaged <input checked="" type="checkbox"/> Woman-Owned
				12. Discount Terms Net 30 Days		
				13. Mail Invoices To the Address in Block See Block 15		

14. Ship To SEE SCHEDULE	Code		15. Payment Will Be Made By DFAS ST LOUIS ATT DFAS-SL-FPV 4300 GOODFELLOW BLVD BLDG 110 PO BOX 200009 ST LOUIS MO 63120-0009	Code	HQ0304	Mark all Packages and Papers with Identification Numbers in Blocks 1 and 2
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16. Type of Order	Delivery/Call	<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.
	Purchase		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				

* 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.	24. United States Of America By: HOWARD LEWIS /SIGNED/ LEWISH@RIA.ARMY.MIL (309)782-3506	25. Total	\$82,185.72
		29. Differences	

26. Quantity In Column 20 Has Been <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	27. Ship. No.	28. D.O. Voucher No.	30. Initials	33. Amount Verified Correct For
36. I certify this account is correct and proper for payment _____ Date Signature And Title Of Certifying Officer	<input type="checkbox"/> Partial <input type="checkbox"/> Final	32. Paid By		34. Check Number
	<input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final			35. Bill Of Lading No.

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-0023/0105

MOD/AMD

Name of Offeror or Contractor: TDF CORPORATION

SUPPLEMENTAL INFORMATION

AEPS WARP ASRP

This task order 0105 establishes clin 0112 to incorporate scope of work for AEPS WARP ASRP. The not-to-exceed ceilings for labor categories, hours, and amounts are that which follow:

PM	104 hours	\$7,734.48
I4	94 hours	\$5,932.34
I3	6 hours	\$329.40
I1	530 hours	\$21,830.70
SSA	340 hours	\$15,517.60
TW	40 hours	\$999.20
AA	1100 hours	\$25,542.00
Travel		<u>\$4,300.00</u>
		\$82,185.72

The performance completion date is 30 Sep 03.

*** END OF NARRATIVE A 001 ***

CONTINUATION SHEET

Reference No. of Document Being Continued

PIIN/SIIN DAAE20-97-D-0023/0105

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>
0112AA	M129R065M1	AA	2	21	22020000026D6D02P422123252G	S11116	2LKM64	W52H09	\$ 82,185.72
	42212300000								
							TOTAL	\$	82,185.72

<u>SERVICE</u>	<u>TOTAL BY ACRN</u>	<u>ACCOUNTING CLASSIFICATION</u>	<u>ACCOUNTING</u>	<u>OBLIGATED</u>
<u>NAME</u>			<u>STATION</u>	<u>AMOUNT</u>
Army	AA	21 22020000026D6D02P422123252G S11116	W52H09	\$ 82,185.72
			TOTAL	\$ 82,185.72

CONTINUATION SHEET

Reference No. of Document Being Continued

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PIIN/SIIN DAAE20-97-D-0023/0105

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 WARP ASRP	24-SEP-2002	007	