

ORDER FOR SUPPLIES OR SERVICES						Form Approved	Page 1 Of 5
<b>1. Contract/Purch Order No.</b> DAAE20-98-G-0003		<b>2. Delivery Order No.</b> 0007		<b>3. Date Of Order</b> 2000SEP21		<b>4. Requisition/Purch Request No.</b> SEE SCHEDULE	
<b>6. Issued By</b> TACOM-ROCK ISLAND AMSTA-LC-CAC-A PAM CANTERBURY (309) 782-4275 ROCK ISLAND IL 61299-7630  EMAIL: CANTERBURYP@RIA.ARMY.MIL				<b>Code</b> W52H09		<b>7. Administered By (If other than 6)</b> DCMC VAN NUYS 6230 VAN NUYS BOULEVARD VAN NUYS CA 91401-2713	
<b>9. Contractor</b> RAYTHEON COMPANY 2006 E EL SEGUNDO BLVD BLDG E04 EL SEGUNDO CA 90245-0902				<b>Code</b> 09WQ4		<b>Facility Code</b>	
<b>10. Deliver To FOB Point By (Date)</b> SEE SCHEDULE				<b>Code</b> S0512A		<b>8. Delivery FOB</b> <input type="checkbox"/> Dest <input checked="" type="checkbox"/> Other	
<b>11. Mark If Business Is</b> <input type="checkbox"/> Small <input type="checkbox"/> Small Disadvantaged <input type="checkbox"/> Woman-Owned				<b>SCD C</b>		<b>PAS NONE</b>	
<b>12. Discount Terms</b>				<b>ADP PT</b> HQ0339		<b>(See Schedule if other)</b>	
<b>13. Mail Invoices To</b> See Block 15				<b>10. Deliver To FOB Point By (Date)</b> SEE SCHEDULE		<b>11. Mark If Business Is</b> <input 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 WEST ENTITLEMENT OPERATIONS PO BOX 182381 COLUMBUS OH 43218-2381	
<b>Code</b>				<b>Code</b> HQ0339		<b>Mark All Packages And Papers With Contract Or Order Number</b>	
<b>16. T O Y R P D E E O R F</b>							
<b>Delivery</b>		<input checked="" type="checkbox"/>		<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>			
<b>Purchase</b>		<input type="checkbox"/>		<b>Reference your <input type="checkbox"/> Oral; <input type="checkbox"/> Written Quotation, Dated _____, furnish the following on terms specified herein.</b>			
		<input type="checkbox"/>		<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</b>	
<input checked="" type="checkbox"/>		<b>If this box is marked, supplier must sign Acceptance and return the following number of copies:</b>					
<b>17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE</b> SEE SCHEDULE							
<b>18. Item No.</b>	<b>19. Schedule Of Supplies/Service</b> SEE SCHEDULE CONTRACT TYPE: Firm-Fixed-Price Cost-Plus-Fixed-Fee KIND OF CONTRACT: Supply Contracts and Priced Orders Service Contracts			<b>20. Quantity Ordered/ Accepted*</b>	<b>21. Unit</b>	<b>22. Unit Price</b>	<b>23. Amount</b>
<b>* If quantity accepted by the Government is sameas quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.</b>				<b>24. United States Of America</b> By: CAROL C RIVARD RIVARDC@RIA.ARMY.MIL (309) 782-3272		<b>25. Total</b>	\$249,899.30
<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				<b>27. Ship. No.</b> <input type="checkbox"/> Partial <input type="checkbox"/> Final		<b>28. D.O. Voucher No.</b>	<b>29. Differences</b>
<b>30. Initials</b>				<b>31. Payment</b> <input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final		<b>32. Paid By</b>	<b>33. Amount Verified Correct For</b>
<b>34. Check Number</b>				<b>35. Bill Of Lading No.</b>			
<b>36. I certify this account is correct and proper for payment</b> Date _____ Signature Of Authorized Govt Representative _____		<b>37. Received At</b>		<b>38. Received By</b>	<b>39. Date Received</b>	<b>40. Total Containers</b>	<b>41. S/R Account No.</b>
<b>36. I certify this account is correct and proper for payment</b> Date _____ Signature And Title Of Certifying Officer _____							<b>42. S/R Voucher No.</b>

**CONTINUATION SHEET****Reference No. of Document Being Continued****Page 2 of 5****PIIN/SIIN** DAAE20-98-G-0003/0007**MOD/AMD****Name of Offeror or Contractor:** RAYTHEON COMPANY

## SUPPLEMENTAL INFORMATION

1. Negotiation authority for this order is USC 2304(a)(1) as implemented by FAR 6.302-1.

2. This is a Cost Plus Fixed Fee Contract:

With a limitation of liability of: \$226,617.63

Includes a Fixed Fee of: \$ 21,528.67

Cost of Money: \$ 113.00

Total Cost Plus Fixed Fee: \$249,899.30

Total hours of: 3910

3. The original provisions of the basic ordering agreement DAAE20-98-G-0003 are hereby incorporated by reference:

attachment 001, page 8 and 9:

4,7,8,9,12,21,23,26,27,31,34,39,41,51,52,53

attachment 001, page 14:

5,6,9,10,11,12,13,14,21,22,23,24,25

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

CONTINUATION SHEET

Reference No. of Document Being Continued  
 PIIN/SIIN DAAE20-98-G-0003/0007 MOD/AMD

Name of Offeror or Contractor: RAYTHEON COMPANY

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	SUPPLIES OR SERVICES AND PRICES/COSTS				
0010	<u>Supplies or Services and Prices/Costs</u>				
0010AA	<u>SERVICES LINE ITEM</u>				\$ 249,899.30
	NOUN: M1/M1A1/M1A2 SSTS CONTRACT SECURITY CLASS: Unclassified PRON: M10ST008M1 PRON AMD: 01 ACRN: AA AMS CD: 422123000004221				
	<u>Inspection and Acceptance</u>				
	INSPECTION: Origin ACCEPTANCE: Origin				
	<u>Deliveries or Performance</u>				
	DLVR SCH				PERF COMPL
	<u>REL CD</u>	<u>QUANTITY</u>			<u>DATE</u>
	001	0			31-DEC-2001
	\$ 249,899.30				
1423	<u>Supplies or Services and Prices/Costs</u>				
	<u>DATA ITEM</u>				
	SECURITY CLASS: Unclassified				
	Contractor will prepare and deliver the technical data in accordance with the requirements, quantities and schedules set forth in the Contract Data Requirements Lists (DD Form 1423), Exhibit A.				
	A DD 250 IS NOT REQUIRED.				
	(End of narrative B001)				
	<u>Inspection and Acceptance</u>				
	INSPECTION: Origin ACCEPTANCE: Origin				

**CONTINUATION SHEET**

**Reference No. of Document Being Continued**

**PIIN/SIIN** DAAE20-98-G-0003/0007

**MOD/AMD**

**Name of Offeror or Contractor:** RAYTHEON COMPANY

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>
0010AA	M10ST008M1	AA	2	21	02020000006D6D02P4221232516	S11116	0LRC3M	W52H09	\$ 249,899.30
	422123000004221								
							TOTAL	\$	249,899.30

SERVICE							ACCOUNTING		OBLIGATED
<u>NAME</u>	<u>TOTAL BY ACRN</u>	<u>ACCOUNTING CLASSIFICATION</u>				<u>STATION</u>	<u>STATION</u>		<u>AMOUNT</u>
Army	AA	21	02020000006D6D02P4221232516	S11116		W52H09	\$	249,899.30	
						TOTAL	\$	249,899.30	

**CONTINUATION SHEET**

**Reference No. of Document Being Continued**

**Page 5 of 5**

**PIIN/SIIN** DAAE20-98-G-0003/0007

**MOD/AMD**

**Name of Offeror or Contractor:** RAYTHEON COMPANY

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	01-SEP-00	012	