

**ORDER FOR SUPPLIES OR SERVICES**

<b>1. Contract/Purch Order/Agreement No.</b>  DAAE20-99-D-0006	<b>2. Delivery Order/Call No.</b>  0007	<b>3. Date Of Order/Call (YYYYMMDD)</b>  2001MAY03	<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-C ROXANNE SPURGETIS (309)782-4886 ROCK ISLAND IL 61299-7630  EMAIL: SPURGETISR@RIA.ARMY.MIL	<b>Code</b>	W52H09	<b>7. Administered By (If other than 6)</b> DCMC DALLAS 1200 MAIN STREET DALLAS TX 75202-4399	<b>Code</b>	S4402A	<b>8. Delivery FOB</b>  <input type="checkbox"/> Destination <input checked="" type="checkbox"/> Other  (See Schedule if other)
--	-------------	--------	--	-------------	--------	--

<b>9. Contractor</b>  • CAROB INCORPORATED PO BOX 974 <b>Name and Address</b> FORT SMITH AR 72902-0000  • TYPE BUSINESS: Small Disadvantaged Business Performing in U.S.	<b>Code</b>	OAT98	<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>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>	HQ0339	<b>13. Mail Invoices To the Address in Block</b> See Block 15  Mark all Packages and Papers with Identification Numbers in Blocks 1 and 2
------------------------------------	-------------	--	--	-------------	--------	---

<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)
--------------------	-----------	----------------------	------------------------

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: Firm-Fixed-Price	20. Quantity Ordered/ Accepted*	21. Unit	22. Unit Price	23. Amount
	KIND OF CONTRACT: Supply Contracts and Priced Orders				

<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: JERRY L YOWELL /SIGNED/ YOWELLJ@RIA.ARMY.MIL (309)782-6736	25. Total	\$70,022.00
		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>36. I certify this account is correct and proper for payment</b>  _____ Date Signature And Title Of Certifying Officer	<input type="checkbox"/> Partial <input type="checkbox"/> Final	<b>32. Paid By</b>	<b>33. Amount Verified Correct For</b>	
	<input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final		<b>34. Check Number</b>	
		<b>35. Bill Of Lading No.</b>		

37. Received At	38. Received By	39. Date Received	40. Total Containers	41. S/R Account Number	42. S/R Voucher No.
-----------------	-----------------	-------------------	----------------------	------------------------	---------------------

<b>CONTINUATION SHEET</b>	<b>Reference No. of Document Being Continued</b> <b>PIIN/SIIN</b> DAAE20-99-D-0006/0007 <b>MOD/AMD</b>	<b>Page 2 of 5</b>
---------------------------	---	--------------------

**Name of Offeror or Contractor:** CAROB INCORPORATED

SUPPLEMENTAL INFORMATION

1. This delivery order is subject to the terms and conditions of requirements contract DAAE20-99-D-0006. The award is issued against period 3.
2. The delivery schedule cited in Section B are firm delivery schedules.

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

CONTINUATION SHEET

Reference No. of Document Being Continued  
 PIIN/SIIN DAAE20-99-D-0006/0007 MOD/AMD

Name of Offeror or Contractor: CAROB INCORPORATED

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	SUPPLIES OR SERVICES AND PRICES/COSTS				
0001	<u>Supplies or Services and Prices/Costs</u>				
0001AA	<u>PRODUCTION QUANTITY</u>	314	EA	\$ 223.00000	\$ 70,022.00
	NSN: 1095-01-197-7902 NOUN: RACK,STORAGE,SMALL FSCM: 19200 PART NR: 11828609 SECURITY CLASS: Unclassified PRON: M11S164M1 PRON AMD: 03 ACRN: AA AMS CD: 0700116Z6ZA				
	<u>Packaging and Marking</u>				
	<u>Inspection and Acceptance</u>				
	INSPECTION: Origin ACCEPTANCE: Origin				
	<u>Deliveries or Performance</u>				
	DOC SUPPL				
	<u>REL CD MILSTRIP ADDR SIG CD MARK FOR TP CD</u>				
	001 W52H091045A156 W31G1Z J 1				
	<u>DEL REL CD QUANTITY DEL DATE</u>				
	001 50 31-OCT-2001				
	002 50 30-NOV-2001				
	003 50 31-DEC-2001				
	FOB POINT: Origin				
	<u>SHIP TO: PARCEL POST ADDRESS</u>				
	(W31G1Z) XU W0L7 ANNISTON MUNITIONS CENTER TRANS OFFICER 256 235 6031 7 FRANKFORD AVE BLDG 112 ANNISTON AL 36201-4199				
	<u>CONTRACT/DELIVERY ORDER NUMBER</u>				
	DAAE20-99-D-0006/0007				
	DOC SUPPL				
	<u>REL CD MILSTRIP ADDR SIG CD MARK FOR TP CD</u>				
	002 W52H091045A157 W62G2T J 1				
	<u>DEL REL CD QUANTITY DEL DATE</u>				
	001 50 31-JAN-2001				
	002 50 28-FEB-2002				
	003 50 29-MAR-2002				
	004 14 30-APR-2002				
	FOB POINT: Origin				
	<u>SHIP TO: PARCEL POST ADDRESS</u>				
	(W62G2T) XU DEF DIST DEPOT SAN JOAQUIN TRANSPORTATION OFFICER PO BOX 960001				

**CONTINUATION SHEET**

**Reference No. of Document Being Continued**  
**PIIN/SIIN** DAAE20-99-D-0006/0007 **MOD/AMD**

**Name of Offeror or Contractor:** CAROB INCORPORATED

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	STOCKTON CA 95296-0130  <u>CONTRACT/DELIVERY ORDER NUMBER</u> DAAE20-99-D-0006/0007				

**CONTINUATION SHEET**

**Reference No. of Document Being Continued**

**PIIN/SIIN** DAAE20-99-D-0006/0007

**MOD/AMD**

**Name of Offeror or Contractor:** CAROB INCORPORATED

CONTRACT ADMINISTRATION DATA

LINE	PRON/	OBLG					JOB	ACCOUNTING	OBLIGATED
<u>ITEM</u>	<u>AMS CD</u>	<u>ACRN</u>	<u>STAT</u>	<u>ACCOUNTING CLASSIFICATION</u>			<u>ORDER</u>	<u>STATION</u>	<u>AMOUNT</u>
							<u>NUMBER</u>		
0001AA	M111S164M1	AA	2	97	X4930AC6G 6D	26FB S11116		W52H09	\$ 70,022.00
	070011626ZA								
								TOTAL	\$ 70,022.00

SERVICE							ACCOUNTING	OBLIGATED
<u>NAME</u>	<u>TOTAL BY ACRN</u>	<u>ACCOUNTING CLASSIFICATION</u>					<u>STATION</u>	<u>AMOUNT</u>
Army	AA	97	X4930AC6G 6D	26FB S11116			W52H09	\$ 70,022.00
							TOTAL	\$ 70,022.00