

**ORDER FOR SUPPLIES OR SERVICES**

<b>1. Contract/Purch Order/Agreement No.</b> DAAE20-99-D-0046	<b>2. Delivery Order/Call No.</b> 0004	<b>3. Date Of Order/Call (YYYYMMDD)</b> 2001MAY15	<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-LC-CAC-B CHERYL CALLISON (309)782-4843 ROCK ISLAND IL 61299-7630  EMAIL: CALLISONC@RIA.ARMY.MIL	<b>Code</b>	W52H09	<b>7. Administered By (If other than 6)</b> DCMC HARTFORD 130 DARLIN STREET EAST HARTFORD CT 06108-3234	<b>Code</b>	S0701A	<b>8. Delivery FOB</b> <input checked="" type="checkbox"/> Destination <input type="checkbox"/> Other  (See Schedule if other)
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<b>9. Contractor</b> AST ASSOCIATES INC 323 BOSTON POST ROAD OLD SAYBROOK CT 06475-0000  Name and Address  TYPE BUSINESS: Other Small Business Performing in U.S.	<b>Code</b>	0WVW0	<b>Facility</b>		<b>10. Deliver To FOB Point By (Date) (YYYYMMDD)</b> SEE SCHEDULE	<b>11. X If Business Is</b> <input checked="" type="checkbox"/> Small <input type="checkbox"/> Small Disadvantaged <input type="checkbox"/> Woman-Owned
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<b>14. Ship To</b> SEE SCHEDULE	<b>Code</b>		<b>15. Payment Will Be Made By</b> DFAS COLUMBUS CENTER DFAS-CO-JNC/MINUTEMAN PO BOX 182266 COLUMBUS OH 43218-2362	<b>Code</b>	SC1032	<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: 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: GAIL BINDEWALD /SIGNED/ BINDEWALDG@RIA.ARMY.MIL (309)782-3656	25. Total	\$27,970.00
		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	<b>32. Paid By</b>	<b>33. Amount Verified Correct For</b>		
	<input type="checkbox"/> Final		<b>34. Check Number</b>		
	<b>31. Payment</b> <input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final		<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.
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**CONTINUATION SHEET****Reference No. of Document Being Continued****Page 2 of 4****PIIN/SIIN** DAAE20-99-D-0046/0004**MOD/AMD****Name of Offeror or Contractor:** AST ASSOCIATES INC

## SUPPLEMENTAL INFORMATION

1. THIS DELIVERY ORDER (0004) IS FOR THE AWARD OF A QUANTITY OF 500 EACH CLEANING BRUSH.
2. DELIVERIES ARE TO BE FOB DESTINATION 150 DAYS AFTER DATE OF AWARD. THE SHIP TO ADDRESSES ARE REFLECTED IN SECTION B OF THE AWARD.
3. THE UNIT PRICE FOR THIS QUANTITY AND ORDERING PERIOD IS \$55.94 EACH. THE TOTAL AMOUNT OF THIS DELIVERY ORDER IS \$27,970.00

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

CONTINUATION SHEET

Reference No. of Document Being Continued  
 PIIN/SIIN DAAE20-99-D-0046/0004 MOD/AMD

Name of Offeror or Contractor: AST ASSOCIATES INC

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT																																				
0001	SUPPLIES OR SERVICES AND PRICES/COSTS  <u>Supplies or Services and Prices/Costs</u>																																								
0001AA	<u>PRODUCTION QUANTITY</u>	500	EA	\$ 55.94000	\$ 27,970.00																																				
	NSN: 1015-01-209-3483 NOUN: BRUSH,CLEANING,ARTI FSCM: 19206 PART NR: 12529517 SECURITY CLASS: Unclassified PRON: M111A318M1 PRON AMD: 02 ACRN: AA AMS CD: 070011JEE62  <u>Packaging and Marking</u>  <u>Inspection and Acceptance</u> INSPECTION: Origin ACCEPTANCE: Origin  <u>Deliveries or Performance</u> DOC SUPPL <table border="0"> <tr> <td><u>REL CD</u></td> <td><u>MILSTRIP</u></td> <td><u>ADDR</u></td> <td><u>SIG CD</u></td> <td><u>MARK FOR</u></td> <td><u>TP CD</u></td> </tr> <tr> <td>001</td> <td>W52H091122H671</td> <td>W25G1U</td> <td>J</td> <td></td> <td>2</td> </tr> </table> <table border="0"> <tr> <td><u>DEL REL CD</u></td> <td><u>QUANTITY</u></td> <td><u>DEL DATE</u></td> </tr> <tr> <td>001</td> <td>300</td> <td>15-OCT-2001</td> </tr> </table> FOB POINT: Destination  SHIP TO: <u>PARCEL POST ADDRESS</u> (W25G1U) XU TRANSPORTATION OFFICER DDSP NEW CUMBERLAND FACILITY BUILDING MISSION DOOR 113 134 NEW CUMBERLAND PA 17070-5001  <u>CONTRACT/DELIVERY ORDER NUMBER</u> DAAE20-99-D-0046/0004  DOC SUPPL <table border="0"> <tr> <td><u>REL CD</u></td> <td><u>MILSTRIP</u></td> <td><u>ADDR</u></td> <td><u>SIG CD</u></td> <td><u>MARK FOR</u></td> <td><u>TP CD</u></td> </tr> <tr> <td>002</td> <td>W52H091122H673</td> <td>W62G2T</td> <td>J</td> <td></td> <td>2</td> </tr> </table> <table border="0"> <tr> <td><u>DEL REL CD</u></td> <td><u>QUANTITY</u></td> <td><u>DEL DATE</u></td> </tr> <tr> <td>001</td> <td>200</td> <td>15-OCT-2001</td> </tr> </table> FOB POINT: Destination  SHIP TO: <u>PARCEL POST ADDRESS</u> (W62G2T) XU DEF DIST DEPOT SAN JOAQUIN TRANSPORTATION OFFICER PO BOX 960001 STOCKTON CA 95296-0130  <u>CONTRACT/DELIVERY ORDER NUMBER</u> DAAE20-99-D-0046/0004	<u>REL CD</u>	<u>MILSTRIP</u>	<u>ADDR</u>	<u>SIG CD</u>	<u>MARK FOR</u>	<u>TP CD</u>	001	W52H091122H671	W25G1U	J		2	<u>DEL REL CD</u>	<u>QUANTITY</u>	<u>DEL DATE</u>	001	300	15-OCT-2001	<u>REL CD</u>	<u>MILSTRIP</u>	<u>ADDR</u>	<u>SIG CD</u>	<u>MARK FOR</u>	<u>TP CD</u>	002	W52H091122H673	W62G2T	J		2	<u>DEL REL CD</u>	<u>QUANTITY</u>	<u>DEL DATE</u>	001	200	15-OCT-2001				
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