

ORDER FOR SUPPLIES OR SERVICES						Form Approved	Page 1 Of 5	
1. Contract/Purch Order No. DAAE20-99-D-0047		2. Delivery Order No. 0001		3. Date Of Order 1999AUG11		4. Requisition/Purch Request No. SEE SCHEDULE		5. Certified for National Defense Under DMS Reg 1 Priority DOA5
6. Issued By TACOM-ROCK ISLAND AMSTA-AC-PCH-C JAN DAY (309) 782-3472 ROCK ISLAND IL 61299-7630  EMAIL: DAYJ@RIA.ARMY.MIL		Code W52H09		7. Administered By (If other than 6) PR ACALA ATTN FIN AND ACCT OFC ROCK ISLAND IL 61299-6000		Code W52H09		
9. Contractor TDF CORPORATION 1717 PARK STREET SUITE 301 NAPERVILLE IL 60563-0000		Code OPL65		Facility Code		10. Deliver To FOB Point By (Date)  SEE SCHEDULE		11. Mark If Business Is <input type="checkbox"/> Small <input checked="" type="checkbox"/> Small Disadvantaged <input type="checkbox"/> Woman-Owned
TYPE BUSINESS: Small Disadvantaged Business Performing in U.S.						12. Discount Terms		
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 Contract Or Order Number
						13. Mail Invoices To See Block 15		
16. T O Y R P D E E R O F	Delivery	<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	<input type="checkbox"/>	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		
<input type="checkbox"/> 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 KIND OF CONTRACT: Service Contracts			20. Quantity Ordered/ Accepted*	21. Unit	22. Unit Price	23. Amount	
* If quantity accepted by the Government is sameas quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.				24. United States Of America By: HOWARD LEWIS LEWISH@RIA.ARMY.MIL (309) 782-3506		25. Total	\$3,451.14	
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				27. Ship. No.		28. D.O. Voucher No.	29. Differences	
Date _____ Signature Of Authorized Govt Representative _____				<input type="checkbox"/> Partial <input type="checkbox"/> Final		32. Paid By		
36. I certify this account is correct and proper for payment				31. Payment  <input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final		33. Amount Verified Correct For		
Date _____ Signature And Title Of Certifying Officer _____						34. Check Number		
						35. Bill Of Lading No.		
37. Received At	38. Received By	39. Date Received		40. Total Containers	41. S/R Account No.	42. S/R Voucher No.		

**CONTINUATION SHEET****Reference No. of Document Being Continued****Page 2 of 5**

PIIN/SIIN DAAE20-99-D-0047/0001

MOD/AMD

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

## SUPPLEMENTAL INFORMATION

THIS TASK ORDER 0001 ESTABLISHES CONTRACT LINE ITEM (CLIN) 0001AA FOR FIELDING OF THE MK19 MACHINE GUN AT LANSING, MICHIGAN 23-26 AUGUST 1999, IAW THE ATTACHED SCOPE OF WORK.

TOTAL COST IS NOT TO EXCEED TOTAL CEILING PRICE OF \$3,451.14 FOR THIS EFFORT.

THE CEILING FOR LABOR HOURS, HOURLY RATE AND TRAVEL ARE AS FOLLOWS:

PROGRAM MANAGER, 5 HOURS AT HOURLY RATE OF \$63.18 FOR TOTAL OF \$315.90.

SUPERVISORY FIELDING SPECIALIST, 48 HOURS AT HOURLY RATE OF \$53.13 FOR TOTAL OF \$2550.24.

TRAVEL AMOUNT CEILING IS \$695.00.

THE PERIOD OF PERFORMANCE IS 23-26 AUGUST 1999.

\*\*\* END OF NARRATIVE A001 \*\*\*



**CONTINUATION SHEET**

**Reference No. of Document Being Continued**

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

CONTRACT ADMINISTRATION DATA

LINE	PRON/	OBLG	JOB	ACCOUNTING	OBLIGATED
<u>ITEM</u>	<u>AMS CD</u>	<u>ACRN</u> <u>STAT</u>	<u>ORDER</u>	<u>STATION</u>	<u>AMOUNT</u>
0001AA	M19HCT20M1	AA 2	21	82033000086D6D02P32106125GB S111169HCT20	8LG348 W52H09 \$ 3,451.14
	321061				
				TOTAL	\$ 3,451.14

SERVICE	ACCOUNTING	OBLIGATED
<u>NAME</u>	<u>STATION</u>	<u>AMOUNT</u>
Army	W52H09	\$ 3,451.14
	TOTAL	\$ 3,451.14

**CONTINUATION SHEET**

**Reference No. of Document Being Continued**

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**PIIN/SIIN** DAAE20-99-D-0047/0001

**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	TASK ORDER		002	