

**ORDER FOR SUPPLIES OR SERVICES**

<b>1. Contract/Purch Order/Agreement No.</b>  DAAE20-99-D-0054	<b>2. Delivery Order/Call No.</b>  0012	<b>3. Date Of Order/Call (YYYYMMDD)</b>  2001NOV26	<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-CSC-C BOBBIE STEGALL (309)782-3618 ROCK ISLAND IL 61299-7630  EMAIL: STEGALLB@RIA.ARMY.MIL	<b>Code</b>	W52H09	<b>7. Administered By (If other than 6)</b> DCMA ATLANTA 805 WALKER STREET SUITE 1 MARIETTA GA 30060-2789	<b>Code</b>	S1103A	<b>8. Delivery FOB</b>  <input type="checkbox"/> Destination <input checked="" type="checkbox"/> Other  (See Schedule if other)
			<b>SCD A</b>	<b>PAS NONE</b>	<b>ADP PT HQ0338</b>	

<b>9. Contractor</b>  F N MANUFACTURING INC 797 CLEMSON ROAD COLUMBIA SC 29229  Name and Address  TYPE BUSINESS: Large Business Performing in U.S.	<b>Code</b>	3S679	<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 type="checkbox"/> Small Disadvantaged <input type="checkbox"/> Woman-Owned
				<b>12. Discount Terms</b>		
				<b>13. Mail Invoices To the Address in Block</b> See Block 15		

<b>14. Ship To</b> SEE SCHEDULE	<b>Code</b>		<b>15. Payment Will Be Made By</b> DFAS COLUMBUS CENTER DFAS-CO/SOUTH ENTITLEMENT OPERATION P O BOX 182264 COLUMBUS OH 43218-2264  Payment will be made by Electronic Funds Transfer	<b>Code</b>	HQ0338	<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:

<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	<b>20. Quantity Ordered/ Accepted*</b>	<b>21. Unit</b>	<b>22. Unit Price</b>	<b>23. Amount</b>
	KIND OF CONTRACT: Supply Contracts and Priced Orders				

<b>* 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.</b>	<b>24. United States Of America</b>  By: JERRY L YOWELL /SIGNED/ YOWELLJ@RIA.ARMY.MIL (309)782-6736	<b>25. Total</b>	\$10,822.50
		<b>29. Differences</b>	

<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>33. Amount Verified Correct For</b>
		<input type="checkbox"/> Partial <input type="checkbox"/> Final		
<b>36. I certify this account is correct and proper for payment</b>  Date _____ Signature And Title Of Certifying Officer _____		<b>31. Payment</b>  <input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final	<b>32. Paid By</b>	<b>34. Check Number</b>
				<b>35. Bill Of Lading No.</b>

<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 Number</b>	<b>42. S/R Voucher No.</b>
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**CONTINUATION SHEET****Reference No. of Document Being Continued****Page 2 of 5****PIIN/SIIN** DAAE20-99-D-0054/0012**MOD/AMD****Name of Offeror or Contractor:** F N MANUFACTURING INC

## SUPPLEMENTAL INFORMATION

1. DELIVERY ORDER 0012 HEREBY AWARDS THE FOLLOWING CLIN AGAINST ORDERING PERIOD 4 (FY02):

ITEM 0012, PIN, GROOVED, HEADED, NSN: 5315-00-992-7294, PN: 8448502, AT A UNIT PRICE OF \$2.405 EACH FOR A TOTAL AMOUNT OF \$10,822.50.

2. THE DELIVERY SCHEDULE IS SET FORTH IN THE SUPPLIES/SERVICES PAGES.

3. THE TOTAL DOLLAR VALUE OF DELIVERY ORDER 0012 IS \$10,822.50.

4. THIS DELIVERY ORDER IS SUBJECT TO THE TERMS AND CONDITIONS CONTAINED IN THE BASIC CONTRACT, DAAE20-99-D-0054.

5. EARLIER DELIVERIES ARE ACCEPTABLE AT NO ADDITIONAL COST TO THE GOVERNMENT.

6. ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.

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

CONTINUATION SHEET

Reference No. of Document Being Continued  
 PIIN/SIIN DAAE20-99-D-0054/0012 MOD/AMD

Name of Offeror or Contractor: F N MANUFACTURING INC

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT																																																		
0012	SUPPLIES OR SERVICES AND PRICES/COSTS  <u>Supplies or Services and Prices/Costs</u>																																																						
0012AA	<u>PRODUCTION QUANTITY WITHOUT FIRST ARTICLE</u>  NSN: 5315-00-992-7294 NOUN: PIN,GROOVED,HEADED FSCM: 19204 PART NR: 8448502 SECURITY CLASS: Unclassified CLIN CONTRACT TYPE: Firm-Fixed-Price PRON: M121S317M1    PRON AMD: 01    ACRN: AA AMS CD: 070011HFAG4  <u>Description/Specs./Work Statement</u> TOP DRAWING NR: 8448502  <u>Packaging and Marking</u> PACKAGING/PACKING/SPECIFICATIONS: BEST COMMERCIAL PRACTICES UNIT PACK: EA            INTERMEDIATE PACK: 010 LEVEL PRESERVATION: Commercial LEVEL PACKING: Commercial  <u>Inspection and Acceptance</u> INSPECTION: Origin      ACCEPTANCE: Origin  <u>Deliveries or Performance</u> DOC                            SUPPL <table border="0" style="width:100%"> <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>W52H091317A151</td> <td>W62G2T</td> <td>J</td> <td></td> <td>1</td> </tr> <tr> <td><u>DEL REL CD</u></td> <td><u>QUANTITY</u></td> <td><u>DEL DATE</u></td> <td colspan="3"></td> </tr> <tr> <td>001</td> <td>500</td> <td>02-MAR-2031</td> <td colspan="3"></td> </tr> </table> FOB POINT: Origin  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-0054/0012  <table border="0" style="width:100%"> <tr> <td>DOC</td> <td>SUPPL</td> </tr> <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>W52H091317A152</td> <td>W25G1U</td> <td>J</td> <td></td> <td>1</td> </tr> <tr> <td><u>DEL REL CD</u></td> <td><u>QUANTITY</u></td> <td><u>DEL DATE</u></td> <td colspan="3"></td> </tr> <tr> <td>001</td> <td>4,000</td> <td>02-MAR-2031</td> <td colspan="3"></td> </tr> </table> FOB POINT: Origin  SHIP TO: <u>PARCEL POST ADDRESS</u> (W25G1U)    XU TRANSPORTATION OFFICER DDSP NEW CUMBERLAND FACILITY BUILDING MISSION DOOR 113 134	<u>REL CD</u>	<u>MILSTRIP</u>	<u>ADDR</u>	<u>SIG CD</u>	<u>MARK FOR</u>	<u>TP CD</u>	001	W52H091317A151	W62G2T	J		1	<u>DEL REL CD</u>	<u>QUANTITY</u>	<u>DEL DATE</u>				001	500	02-MAR-2031				DOC	SUPPL	<u>REL CD</u>	<u>MILSTRIP</u>	<u>ADDR</u>	<u>SIG CD</u>	<u>MARK FOR</u>	<u>TP CD</u>	002	W52H091317A152	W25G1U	J		1	<u>DEL REL CD</u>	<u>QUANTITY</u>	<u>DEL DATE</u>				001	4,000	02-MAR-2031				4500	EA	\$ 2.40500	\$ 10,822.50
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Name of Offeror or Contractor: F N MANUFACTURING INC

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	NEW CUMBERLAND PA 17070-5001  <u>CONTRACT/DELIVERY ORDER NUMBER</u> DAAE20-99-D-0054/0012				

