

**ORDER FOR SUPPLIES OR SERVICES**

<b>1. Contract/Purch Order/Agreement No.</b> DAAE20-99-D-0146	<b>2. Delivery Order/Call No.</b> 0005	<b>3. Date Of Order/Call (YYYYMMDD)</b> 2002NOV06	<b>4. Requisition/Purch Request No.</b> SEE SCHEDULE	<b>5. Priority</b> DXA5
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<b>6. Issued By</b> TACOM-ROCK ISLAND AMSTA-LC-CAC-A 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> DCMA ORLANDO 3555 MAGUIRE BOULEVARD ORLANDO FL 32803-3726	<b>Code</b>	S1002A	<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>  REAL-TIME LABORATORIES INCORPORATED 990 SOUTH ROGERS CIRCLE SUITE 5 BOCARATON FL 33487-4444  TYPE BUSINESS: Other Small Business Performing in U.S.	<b>Code</b>	62319	<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
				<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	<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: Service Contracts				

<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>  /SIGNED/ By: DAVE ELLIOTT /SIGNED/ ELLIOTT@RIA.ARMY.MIL (309)782-3814	<b>25. Total</b>	\$619,940.00
		<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>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>	

<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 4****PIIN/SIIN** DAAE20-99-D-0146/0005**MOD/AMD****Name of Offeror or Contractor:** REAL-TIME LABORATORIES INCORPORATED

## SUPPLEMENTAL INFORMATION

1. DELIVERY ORDER 0005 IS FOR THE FOLLOWING:

REPAIR OF NSN: 4820-01-308-1858, PART NUMBER 9376467-1  
REPAIR/UPGRADE OF NSN: 4820-01-209-8515, PART NUMBER 9376467  
REPAIR OF NSN: 4820-01-306-6406, PART NUMBER 12273262-3

2. THE UNIT PRICE FOR THIS ORDERING PERIOD IS \$1549.85. THE TOTAL AMOUNT OF THIS DELIVERY ORDER IS \$619,940.00, WHICH COVER THE COST OF 400 PARTS OF ANY OF THE PART NUMBERS LISTED IN PARA 1.

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

CONTINUATION SHEET

Reference No. of Document Being Continued  
 PIIN/SIIN DAAE20-99-D-0146/0005 MOD/AMD

Name of Offeror or Contractor: REAL-TIME LABORATORIES INCORPORATED

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT									
0001	<p>SUPPLIES OR SERVICES AND PRICES/COSTS</p> <p><u>Supplies or Services and Prices/Costs</u></p> <p><u>SERVICES LINE ITEM</u></p> <p>NOUN: TURRET DIST VALVE REPAIR            SECURITY CLASS: Unclassified            PRON: M13OP604M1 PRON AMD: 01 ACRN: AA            AMS CD: 060015JEZN</p> <p><u>Inspection and Acceptance</u>            INSPECTION: Origin ACCEPTANCE: Origin</p> <p><u>Deliveries or Performance</u></p> <table border="0"> <tr> <td>DLVR SCH</td> <td></td> <td>PERF COMPL</td> </tr> <tr> <td><u>REL CD</u></td> <td><u>QUANTITY</u></td> <td><u>DATE</u></td> </tr> <tr> <td>001</td> <td>0</td> <td>30-APR-2003</td> </tr> </table> <p style="text-align: right;">\$ 619,940.00</p>	DLVR SCH		PERF COMPL	<u>REL CD</u>	<u>QUANTITY</u>	<u>DATE</u>	001	0	30-APR-2003				<p style="text-align: right;">\$ 619,940.00</p>
DLVR SCH		PERF COMPL												
<u>REL CD</u>	<u>QUANTITY</u>	<u>DATE</u>												
001	0	30-APR-2003												

**CONTINUATION SHEET**

**Reference No. of Document Being Continued**

**PIIN/SIIN** DAAE20-99-D-0146/0005 **MOD/AMD**

**Name of Offeror or Contractor:** REAL-TIME LABORATORIES 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>		
0001	M130P604M1	AA	2	97	X4930AC9G 6D	2571 S11116		W52H09	\$ 619,940.00
	060015JEZM								
								TOTAL	\$ 619,940.00

SERVICE							ACCOUNTING	OBLIGATED
<u>NAME</u>	<u>TOTAL BY ACRN</u>	<u>ACCOUNTING CLASSIFICATION</u>					<u>STATION</u>	<u>AMOUNT</u>
Army	AA	97	X4930AC9G 6D	2571	S11116		W52H09	\$ 619,940.00
							TOTAL	\$ 619,940.00