

| ORDER FOR SUPPLIES OR SERVICES | | | | | | Form Approved | Page 1 Of 4 |
|---|---|--|---|---|--|---------------------------------|--|
| 1. Contract/Purch Order No. DAAE20-99-P-0396 | | 2. Delivery Order No. | | 3. Date Of Order 1999SEP23 | 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-LC-CSC-B PEGGY FRAZIER (309) 782-4179 ROCK ISLAND IL 61299-7630 EMAIL: FRAZIERP@RIA.ARMY.MIL | | | Code W52H09 | 7. Administered By (If other than 6) DCMC PHILADELPHIA PO BOX 11427 PHILADELPHIA PA 19111-0427 | | Code S3915A | |
| 9. Contractor HARRIS MFG CO INC 550 INGHAM AVE TRENTON NJ 08638-5036 | | | Code 4M340 | Facility Code | 10. Deliver To FOB Point By (Date) SEE SCHEDULE | | 11. Mark If Business Is <input checked="" type="checkbox"/> Small <input type="checkbox"/> Small Disadvantaged <input type="checkbox"/> Woman-Owned |
| TYPE BUSINESS: Other Small Business Performing in U.S. | | | | | 12. Discount Terms 0.20% 1 Days Net 30 Days | | |
| 14. Ship To SEE SCHEDULE | | | Code | 15. Payment Will Be Made By DFAS-COLUMBUS CENTER DFAS-CO-JNF/NEW DOMINION P O BOX 182041 COLUMBUS OH 43218-2041 | | Code SC1018 | Mark All Packages And Papers With Contract Or Order Number |
| | | | | | | | |
| 16. T O Y R P D E E R O F | Delivery | This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. | | | | | |
| | Purchase | X | Reference your <input type="checkbox"/> Oral; <input type="checkbox"/> Written Quotation DAAE2099T0218, Dated 1999AUG20 PEG FRAZIER 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: Firm-Fixed-Price KIND OF CONTRACT: Supply Contracts and Priced Orders | | | 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: JERRY YOWELL YOWELLJ@RIA.ARMY.MIL (309) 782-6736 | | 25. Total 29. | \$30,883.65 |
| 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. | 30. Initials | |
| Date _____ Signature Of Authorized Govt Representative _____ | | | | <input type="checkbox"/> Partial <input type="checkbox"/> Final | 32. Paid By | 33. Amount Verified Correct For | |
| 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 | | 34. Check Number | |
| Date _____ Signature And Title Of Certifying Officer _____ | | | | | | 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
 PIIN/SIIN DAAE20-99-P-0396 MOD/AMD

Name of Offeror or Contractor: HARRIS MFG CO 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>DATA ITEM</u> NOUN: FIRST ARTICLE TEST REPORT SECURITY CLASS: Unclassified FIRST ARTICLE TEST REPORT (End of narrative B001) <u>Packaging and Marking</u> <u>Inspection and Acceptance</u> INSPECTION: Origin ACCEPTANCE: Destination Government Approval/Disapproval Days: 45 <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></td> <td></td> <td></td> <td></td> <td>3</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>5</td> <td>29-OCT-1999</td> <td colspan="3"></td> </tr> </table> FOB POINT: Destination SHIP TO: <u>PARCEL POST ADDRESS</u> (ZZZ555) ARMAMENT AND CHEMICAL ACQUISITION AND LOGISTICS ACTIVITY ATTN ACQUISITION CENTER - PCR ROCK ISLAND IL 61299-7630 <u>CONTRACT/DELIVERY ORDER NUMBER</u> DAAE20-99-P-0396/0000 | <u>REL CD</u> | <u>MILSTRIP</u> | <u>ADDR</u> | <u>SIG CD</u> | <u>MARK FOR</u> | <u>TP CD</u> | 001 | | | | | 3 | <u>DEL REL CD</u> | <u>QUANTITY</u> | <u>DEL DATE</u> | | | | 001 | 5 | 29-OCT-1999 | | | | 5 | EA | \$ ** NSP ** | \$ ** NSP ** |
| <u>REL CD</u> | <u>MILSTRIP</u> | <u>ADDR</u> | <u>SIG CD</u> | <u>MARK FOR</u> | <u>TP CD</u> | | | | | | | | | | | | | | | | | | | | | | | | |
| 001 | | | | | 3 | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>DEL REL CD</u> | <u>QUANTITY</u> | <u>DEL DATE</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 001 | 5 | 29-OCT-1999 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0001AB | <u>PRODUCTION QUANTITY</u> NSN: 8415-01-406-6909 NOUN: BAG, FLYER'S HELMET FSCM: 81337 PART NR: 2-3-503 SECURITY CLASS: Unclassified PRON: M1914848M1 PRON AMD: 02 ACRN: AA AMS CD: 070011 PRODUCTION QUANTITY WITH FIRST ARTICLE (End of narrative B001) <u>Packaging and Marking</u> PACKAGING/PACKING/SPECIFICATIONS: COMMERCIAL PACKAGING LEVEL PRESERVATION: Commercial LEVEL PACKING: Commercial | 469 | EA | \$ 65.85000 | \$ 30,883.65 | | | | | | | | | | | | | | | | | | | | | | | | |

CONTINUATION SHEET

Reference No. of Document Being Continued

Page 4 of 4

PIIN/SIIN DAAE20-99-P-0396

MOD/AMD

Name of Offeror or Contractor: HARRIS MFG CO INC

CONTRACT ADMINISTRATION DATA

| <u>LINE</u> | <u>PRON/</u> | <u>OBLG</u> | <u>JOB</u> | <u>ACCOUNTING</u> | <u>OBLIGATED</u> |
|-------------|---------------|------------------|-----------------|-------------------|---------------------|
| <u>ITEM</u> | <u>AMS CD</u> | <u>ACRN STAT</u> | <u>ORDER</u> | <u>STATION</u> | <u>AMOUNT</u> |
| 0001AB | M1914848M1 | AA 2 | 97 X4930AC6G 6D | 26FB S11116 | W52H09 \$ 30,883.65 |
| | 070011 | | | | |
| | | | | TOTAL | \$ 30,883.65 |

| <u>SERVICE</u> | <u>TOTAL BY ACRN</u> | <u>ACCOUNTING CLASSIFICATION</u> | <u>ACCOUNTING</u> | <u>OBLIGATED</u> |
|----------------|----------------------|----------------------------------|-------------------|---------------------|
| <u>NAME</u> | | | <u>STATION</u> | <u>AMOUNT</u> |
| Army | AA | 97 X4930AC6G 6D | 26FB S11116 | W52H09 \$ 30,883.65 |
| | | | TOTAL | \$ 30,883.65 |