ORDER FOR SUPPLIES OR SERVICES

1. CONTRACT/PURCH. ORDER/ AGREEMENT NO.	2. DELIVERY ORDER/ CALL NO.	3. DATE OF ORDER/CALL	4. REQ./ PURCH. REQUEST NO.	5. PRIORITY
DASG60-99-D-0002	0002	1999 Feb 12	DH9B180000-02	

6. ISSUED BY CODE DASG60
US ARMY SPACE AND MISSILE DEFENSE COMMAN
[redacted]
PO BOX 1500
HUNTSVILLE AL 35807-3801

7. ADMINISTERED BY CODE
SEE ITEM 6

8. DELIVERY FOB
[X] DEST
[ ] OTHER
(See Schedule if other)

9. CONTRACTOR CODE 4S077 FACILITY
CAS INC
[redacted]
PO BOX 11190
HUNTSVILLE AL 35814

10. DELIVER TO FOB POINT BY (Date)
SEE SCHEDULE

11. MARK IF BUSINESS IS
[ ] SMALL
[ ] SMALL DISADVANTAGED
[ ] WOMEN-OWNED

12. DISCOUNT TERMS

13. MAIL INVOICES TO THE ADDRESS IN BLOCK
See Item 15

14. SHIP TO CODE
SEE SCHEDULE

15. PAYMENT WILL BE MADE BY CODE HQ0338
DFAS-COLUMBUS CENTER
DFAS-CO/SOUTH ENTITLEMENT OPERATION
P.O. BOX 182264
COLUMBUS OH 43218-2264

MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.

16. TYPE OF ORDER			
	DELIVERY/ CALL	X	This delivery order/call is issued on another Govt. agency or in accordance with and subject to terms and conditions of above numbered contract.
	PURCHASE		Reference your quote dated Furnish the following on terms specified herein. REF:

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 (YYYYMMMDD)

[ ] 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/ SERVICES	20. QUANTITY ORDERED/ ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
	SEE SCHEDULE				

** 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.*

24. UNITED STATES OF AMERICA
BY: CONTRACTING / ORDERING OFFICER

25. TOTAL $358,009.00
29. DIFFERENCES
30. INITIALS

26. QUANTITY IN COLUMN 20 HAS BEEN
[ ] INSPECTED [ ] RECEIVED [ ] ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED
DATE | SIGNATURE OF AUTHORIZED GOVT. REP.

27. SHIP NO.
[ ] PARTIAL
[ ] FINAL

28. DO VOUCHER NO.

32. PAID BY

33. AMOUNT VERIFIED CORRECT FOR

31. PAYMENT
[ ] COMPLETE
[ ] PARTIAL
[ ] FINAL

34. CHECK NUMBER

36. I certify this account is correct and proper for payment.
DATE | SIGNATURE AND TITLE OF CERTIFYING OFFICER

35. BILL OF LADING NO.

37. RECEIVED AT	38. RECEIVED BY	39. DATE RECEIVED (YYYYMMMDD)	40. TOTAL CONTAINERS	41. S/R ACCOUNT NO.	42. S/R VOUCHER NO.

NAME OF OFFEROR OR CONTRACTOR
CAS INC

DRAFT

SECTION B Supplies or Services and Prices

ITEM NO	SUPPLIES/SERVICES	MAX QUANTITY	UNIT	UNIT PRICE	MAX AMOUNT
0001				$	$
	Statement of Work SW-TC-S-36-97				
	PURCHASE REQUEST NUMBER DH9B180000-02				
	FOB Destination				
	SUPPLEMENTARY address				

MAX COST	[redacted]
BASE FEE	
SUBTOTAL MAX COST + BASE	$332,385.00
MAX AWARD FEE	$25,624.00
TOTAL MAX COST + FEE	$358,009.00
GUARANTEED MINIMUM AMOUNT	
ACRN AA Funded Amount	$358,009.00

NAME OF OFFEROR OR CONTRACTOR
CAS INC

DRAFT

SECTION G Contract Administration Data

ACCOUNTING AND APPROPRIATION DATA

CONTRACT ACRN	FUNDING DATA	COST CODE	AMOUNT
AA	9790400.2501 36-6011 P40800000000 2552 DH9B180000 S01021 DH9B180000/9HHN06/H	TO #0002-01	$358,009.00000

FUNDING ACRN	JOB ORDER NO	JOB ORDER QTY	JOB ORDER AMOUNT
AA			

NAME OF OFFEROR OR CONTRACTOR
CAS INC

DRAFT

SECTION J List of Documents, Exhibits and Other Attachments

Section J Table Of Contents

DOCUMENT TYPE	DESCRIPTION	PAGES	DATE