

**ORDER FOR SUPPLIES OR SERVICES**

1. CONTRACT/PURCH. ORDER/ AGREEMENT NO. DASG60-99-D-0002	2. DELIVERY ORDER/ CALL NO. 00020018	3. DATE OF ORDER/CALL	4. REQ./ PURCH. REQUEST NO. JSOB303500-01	5. PRIORITY
6. ISSUED BY US ARMY SPACE AND MISSILE DEFENSE COMMAN PO BOX 1500 HUNTSVILLE AL 35807-3801		7. ADMINISTERED BY <b>SEE ITEM 6</b>		8. DELIVERY FOB <input checked="" type="checkbox"/> DEST <input type="checkbox"/> OTHER  (See Schedule if other)

9. CONTRACTOR CAS INC PO BOX 11190 HUNTSVILLE AL 35814	CODE 4S077	FACILITY	10. DELIVER TO FOB POINT BY (Date) <b>SEE SCHEDULE</b>	11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED
			12. DISCOUNT TERMS	13. MAIL INVOICES TO THE ADDRESS IN BLOCK See Item 15

14. SHIP TO <b>SEE SCHEDULE</b>	15. PAYMENT WILL BE MADE BY DFAS-COLUMBUS CENTER DFAS-CO/SOUTH ENTITLEMENT OPERATION P.O. BOX 182264 COLUMBUS OH 43218-2264	CODE HQ0338	<b>MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.</b>

16. TYPE OF ORDER	DELIVERY/ CALL	<input checked="" type="checkbox"/>	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 (YYYYMMDD)
<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/ SERVICES	20. QUANTITY ORDERED/ ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
<b>SEE SCHEDULE</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.	24. UNITED STATES OF AMERICA TEL: EMAIL: BY:	25. TOTAL \$262,912.00
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26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED  DATE _____ SIGNATURE OF AUTHORIZED GOVT. REP. _____	27. SHIP NO.	28. DO VOUCHER NO.	29. DIFFERENCES	30. INITIALS
36. I certify this account is correct and proper for payment.  DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____	31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY	
			33. AMOUNT VERIFIED CORRECT FOR	
				34. CHECK NUMBER
				35. BILL OF LADING NO.

37. RECEIVED AT	38. RECEIVED BY	39. DATE RECEIVED (YYYYMMDD)	40. TOTAL CONTAINERS	41. S/R ACCOUNT NO.	42. S/R VOUCHER NO.
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SECTION B Supplies or Services and Prices

ITEM NO	SUPPLIES/SERVICES	MAX QUANTITY	UNIT	UNIT PRICE	MAX AMOUNT
0031	Option XIV SURGE Additional DPPHs for Basic CPAF - theater Missile Defense Critical Measurements Program (TCMP) Data Handling/Planning PURCHASE REQUEST NUMBER JSOB303500-01	[REDACTED]			\$ [REDACTED] \$
				MAX COST	[REDACTED]
				BASE FEE	[REDACTED]
				SUBTOTAL MAX COST + BASE	<u>\$244,381.00</u>
				MAX AWARD FEE	\$18,531.00
				TOTAL MAX COST + FEE	\$262,912.00
				GUARANTEED MINIMUM AMOUNT	
	ACRN AA Funded Amount				\$163,614.00

SECTION G Contract Administration Data

ACCOUNTING AND APPROPRIATION DATA

AA: 9700400.2501 36-6011 P40760000000 255Y JS0B303500 S01021 JS0B303500/0HHD14/H 000000000000  
(TO #0018)  
AMOUNT: \$163,614.00