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|--|--|---|--|--|---|---|------------------------------|----------------------------|--|------------|
| SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS Offeror To Complete Block 12, 17, 23, 24, & 30 | | | | 1. Requisition Number SEE SCHEDULE | | Page 1 Of 4 | | | | |
| 2. Contract No. W56HZV-04-D-B880 | | 3. Award/Effective Date 2004OCT01 | | 4. Order Number 0002 | | 5. Solicitation Number | | 6. Solicitation Issue Date | | |
| 7. For Solicitation Information Call: | | A. Name MARIA KRAUS | | | B. Telephone Number (No Collect Calls) (586)574-7479 | | 8. Offer Due Date/Local Time | | | |
| 9. Issued By TACOM WARREN AMSTA-AQ-ADBA WARREN, MICHIGAN 48397-5000 HTTP://CONTRACTING.TACOM.ARMY.MIL e-mail: KRAUSM@TACOM.ARMY.MIL | | Code W56HZV | | 10. This Acquisition Is <input checked="" type="checkbox"/> Unrestricted <input type="checkbox"/> Set Aside: % For <input type="checkbox"/> Small Business <input type="checkbox"/> Hubzone Small Business <input type="checkbox"/> 8(A) NAICS: 333120 Size Standard: | | 11. Delivery For FOB Destination Unless Block Is Marked <input type="checkbox"/> See Schedule <input checked="" type="checkbox"/> 13a. This Contract Is A Rated Order Under DPAS (18 CFR 700) 13b. Rating DOA4 | | 12. Discount Terms | | |
| 15. Deliver To SHIPPING INSTRUCTIONS FOR CONSIGNEE (SHIP-TO) WILL BE FURNISHED PRIOR TO THE SCHEDULED DELIVERY DATE FOR ITEMS REQUIRED UNDER THIS REQUISITION. Telephone No. (708)831-6962 | | Code Y00000 | | 16. Administered By DCMA CHICAGO 1523 WEST CENTRAL ROAD BLDG 203 ARLINGTON HEIGHTS IL 60004-2451 Code S1403A | | | | | | |
| 17. Contractor/Offeror KOMATSU AMERICA INTERNATIONAL COMPANY 440 NORTH FAIRWAY DRIVE P.O. BOX 8112 VERNON HILLS, IL. 60061-8112 Telephone No. (708)831-6962 | | Code 5X718 | | Facility | | 18a. Payment Will Be Made By DFAS - COLUMBUS CENTER DFAS-CO/WEST ENTITLEMENT OPERATIONS P.O. BOX 182381 COLUMBUS, OH 43218-2381 Code HQ0339 | | | | |
| <input type="checkbox"/> 17b. Check If Remittance Is Different And Put Such Address In Offer | | 18b. Submit Invoices To Address Shown In Block 18a Unless Block Below Is Checked <input type="checkbox"/> See Addendum | | | | | | | | |
| 19. Item No. | | 20. Schedule Of Supplies/Services SEE SCHEDULE (Use Reverse and/or Attach Additional Sheets As Necessary) | | | | 21. Quantity | 22. Unit | 23. Unit Price | | 24. Amount |
| 25. Accounting And Appropriation Data ACRN: AA 2111 4109601034CPCP01041000025FB S40044 S40044 | | | | | | 26. Total Award Amount (For Govt. Use Only) \$4,914,000.00 | | | | |
| <input type="checkbox"/> 27a. Solicitation Incorporates By Reference FAR 52.212-1, 52.212-4, FAR 52.212-3 And 52.212-5 Are Attached. Addenda <input type="checkbox"/> Are <input type="checkbox"/> Are Not Attached. | | | | | | <input type="checkbox"/> Are <input type="checkbox"/> Are Not Attached. | | | | |
| <input checked="" type="checkbox"/> 27b. Contract/Purchase Order Incorporates By Reference FAR 52.212-4. FAR 52.212-5 Is Attached. Addenda <input checked="" type="checkbox"/> Are <input type="checkbox"/> Are Not Attached. | | | | | | <input checked="" type="checkbox"/> Are <input type="checkbox"/> Are Not Attached. | | | | |
| <input type="checkbox"/> 28. Contractor Is Required To Sign This Document And Return _____ Copies to Issuing Office. Contractor Agrees To Furnish And Deliver All Items Set Forth Or Otherwise Identified Above And On Any Additional Sheets Subject To The Terms And Conditions Specified Herein. | | | | | | <input type="checkbox"/> 29. Award Of Contract: Ref. _____ Offer Dated _____. Your Offer On Solicitation (Block 5), Including Any Additions Or Changes Which Are Set Forth Herein, Is Accepted As To Items: | | | | |
| 30a. Signature Of Offeror/Contractor | | | | 31a. United States Of America (Signature Of Contracting Officer) | | | | | | |
| 30b. Name And Title Of Signer (Type Or Print) | | 30c. Date Signed | | 31b. Name Of Contracting Officer (Type Or Print) M. J. FRANZEN /SIGNED/ FRANZENM@TACOM.ARMY.MIL (586)574-6304 | | | 31c. Date Signed | | | |

| 19. Item No. | 20. Schedule Of Supplies/Services | 21. Quantity | 22. Unit | 23. Unit Price | 24. Amount |
|-----------------|--------------------------------------|-----------------|-------------|-------------------|---------------|
| | | | | | |

32a. Quantity In Column 21 Has Been

Received Inspected Accepted, And Conforms To The Contract, Except As Noted: _____

| | | |
|--|-----------|---|
| 32b. Signature Of Authorized Government Representative | 32c. Date | 32d. Printed Name and Title of Authorized Government Representative |
|--|-----------|---|

| | |
|--|---|
| 32e. Mailing Address of Authorized Government Representative | 32f. Telephone Number of Authorized Government Representative |
| | 32g. E-Mail of Authorized Government Representative |

| | | | | |
|--|--------------------|---------------------------------|--|------------------|
| 33. Ship Number <input type="checkbox"/> Partial <input type="checkbox"/> Final | 34. Voucher Number | 35. Amount Verified Correct For | 36. Payment <input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final | 37. Check Number |
|--|--------------------|---------------------------------|--|------------------|

| | | |
|------------------------|------------------------|-------------|
| 38. S/R Account Number | 39. S/R Voucher Number | 40. Paid By |
|------------------------|------------------------|-------------|

| | | |
|---|--------------------------|-----------------------------|
| 41a. I Certify This Account Is Correct And Proper For Payment | 42a. Received By (Print) | |
| 41b. Signature And Title Of Certifying Officer | 41c. Date | 42b. Received At (Location) |
| | | 42c. Date Rec'd (YY/MM/DD) |

CONTINUATION SHEET

Reference No. of Document Being Continued
 PIIN/SIIN W56HZV-04-D-B880/0002 MOD/AMD

Name of Offeror or Contractor: KOMATSU AMERICA INTERNATIONAL COMPANY

| ITEM NO | SUPPLIES/SERVICES | QUANTITY | UNIT | UNIT PRICE | AMOUNT |
|---------|--|----------|------|------------------|-----------------|
| 0881 | SUPPLIES OR SERVICES AND PRICES/COSTS NSN: 9999-99-088-0088 FSCM: CPAIQ PART NR: 88EXCAVATOR,HYDRAULICCRAWL SECURITY CLASS: Unclassified | | | | |
| 0881AA | <p><u>FIRST ORDERING PERIOD</u></p> <p>NOUN: EXCAVATORHYDRAULICCRAWLER35 PRON: EH4W0049EH PRON AMD: 01 ACRN: AA AMS CD: 04100000000 CUSTOMER ORDER NO: W915WE41770290</p> <p>NOUN: PC300LC-7L HYDRAULIC EXCAVATOR FITTED WITH ESSENTIAL EQUIPMENT, IN ACCORDANCE WITH THE CONTRACT SPECIFICATIONS AT C.1, ATTACHED AS ATTACHMENT 001, AND THE INCORPORATED TECHNICAL INFORMATION QUESTIONNAIRE, ATTACHMENT 002.</p> <p>EACH EXCAVATOR SHALL BE OVERPACKED WITH THE CONTRACTOR'S AVAILABLE OPERATOR MANUAL (ANY LANGUAGE).</p> <p>CONTRACTOR MUST PROVIDE AN ENGLISH AND ARABIC (DIALECT APPROPRIATE TO IRAQ) MANUAL (IN ACCORDANCE WITH C.2) WHICH IS INCLUSIVE OF THE PROPOSED UNIT PRICE.</p> <p>VEHICLES CAN BE AND WILL BE EXPECTED TO BE SHIPPED WITH THE AVAILABLE VEHICLE'S STANDARD MANUAL, IN WHATEVER LANGUAGE, BUT THE CONTRACTOR WILL BE PAID ONLY 80% OF THE TOTAL COST PER VEHICLE UPON ACCEPTANCE IF THE TWO REQUIRED LANGUAGE MANUALS ARE NOT INCLUDED WITH THE ORIGINAL SHIPMENT.</p> <p>WHEN ENGLISH AND ARABIC TRANSLATED MANUALS ARE PROVIDED, (ONE OR BOTH, WHATEVER COMPLETES THE REQUIREMENT OF BOTH MANUAL TYPES), THE ADDITIONAL 20% OF THE UNIT PRICE, PER VEHICLE, WILL BE PAID UPON ACCEPTANCE OF THE MANUALS.</p> <p>(End of narrative B001)</p> <p><u>Packaging and Marking</u></p> <p>STANDARD COMMERCIAL PRACTICE FOR SAFE DELIVERY TO BASRAH.</p> <p>(End of narrative D001)</p> | 13 | EA | \$ 378,000.00000 | \$ 4,914,000.00 |

CONTINUATION SHEET

Reference No. of Document Being Continued

PIIN/SIIN W56HZV-04-D-B880/0002 **MOD/AMD**

Name of Offeror or Contractor: KOMATSU AMERICA INTERNATIONAL COMPANY

CONTRACT ADMINISTRATION DATA

| LINE | PRON/ AMS CD/ <u>ITEM</u> | <u>ACRN</u> | <u>STAT</u> | <u>ACCOUNTING CLASSIFICATION</u> | JOB ORDER <u>NUMBER</u> | <u>ACCOUNTING STATION</u> | <u>OBLIGATED AMOUNT</u> |
|--------|---|-------------|-------------|---|-------------------------------|---------------------------|-------------------------|
| 0881AA | EH4W0049EH 04100000000 W915WE41770290 | AA | 1 | 2111 4109601034CPCP01041000025FB S40044 | | S40044 \$ | 4,914,000.00 |
| | | | | | | TOTAL \$ | 4,914,000.00 |

| <u>SERVICE NAME</u> | <u>TOTAL BY ACRN</u> | <u>ACCOUNTING CLASSIFICATION</u> | <u>ACCOUNTING STATION</u> | <u>OBLIGATED AMOUNT</u> |
|---------------------|----------------------|---|---------------------------|-------------------------|
| Army | AA | 2111 4109601034CPCP01041000025FB S40044 | S40044 | \$ 4,914,000.00 |
| | | | TOTAL | \$ 4,914,000.00 |