

**ORDER FOR SUPPLIES OR SERVICES**

|  |   |  |   |                            |
|--|---|--|---|----------------------------|
| <b>1. CONTRACT PURCH ORDER/AGREEMENT NO.</b><br>W56HZV-04-D-LA97 | <b>2. DELIVERY ORDER/CALL NO.</b><br>0002 | <b>3. DATE OF ORDER/CALL (YYYYMMDD)</b><br>2004SEP23 | <b>4. REQUISITION/PURCH REQUEST NO.</b><br>SEE SCHEDULE | <b>5. PRIORITY</b><br>DOA4 |
|--|---|--|---|----------------------------|

|   |                       |   |                       |  |
|---|-----------------------|---|-----------------------|--|
| <b>6. ISSUED BY</b><br>TACOM WARREN<br>AMSTA-AQ-ATAD<br>ARLENE CHLOPICK (586)574-7624<br>WARREN, MICHIGAN 48397-5000<br>EMAIL: CHLOPICA@TACOM.ARMY.MIL<br>HTTP://CONTRACTING.TACOM.ARMY.MIL | <b>CODE</b><br>W56HZV | <b>7. ADMINISTERED BY (if other than 6)</b><br>DCMA CHICAGO<br>1523 WEST CENTRAL ROAD<br>BLDG 203<br>ARLINGTON HEIGHTS IL 60004-2451<br><br>SCD: C PAS: NONE ADP PT: HQ0339 | <b>CODE</b><br>S1403A | <b>8. DELIVERY FOB</b><br><input checked="" type="checkbox"/> DESTINATION<br><input type="checkbox"/> OTHER<br>(See Schedule if other) |
|---|-----------------------|---|-----------------------|--|

|   |                      |                 |  |   |
|---|----------------------|-----------------|--|---|
| <b>9. CONTRACTOR</b><br><br>OSHKOSH TRUCK CORP.<br>2307 OREGON STREET<br>P.O. BOX 2566<br>OSHKOSH, WI. 54903-2566<br><br>NAME AND ADDRESS<br><br>TYPE BUSINESS: Large Business Performing in U.S. | <b>CODE</b><br>45152 | <b>FACILITY</b> | <b>10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD)</b><br>SEE SCHEDULE | <b>11. X IF BUSINESS IS</b><br><input type="checkbox"/> SMALL<br><input type="checkbox"/> SMALL DISADVANTAGED<br><input type="checkbox"/> WOMAN-OWNED |
|   |                      |                 | <b>12. DISCOUNT TERMS</b><br>Net 30 Days                             |   |
|   |                      |                 | <b>13. MAIL INVOICES TO THE ADDRESS IN BLOCK</b><br>See Block 15     |   |

|                                    |             |   |                       |   |
|------------------------------------|-------------|---|-----------------------|---|
| <b>14. SHIP TO</b><br>SEE SCHEDULE | <b>CODE</b> | <b>15. PAYMENT WILL BE MADE BY</b><br>DFAS - COLUMBUS CENTER<br>DFAS-CO/WEST ENTITLEMENT OPERATIONS<br>P.O. BOX 182381<br>COLUMBUS, OH 43218-2381 | <b>CODE</b><br>HQ0339 | <b>MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2</b> |
|------------------------------------|-------------|---|-----------------------|---|

|   |                       |                                     |  |
|---|-----------------------|-------------------------------------|--|
| <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) |
| <input type="checkbox"/> 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><br>SEE SCHEDULE |
|--|

| 18. ITEM NO. | 19. SCHEDULE OF SUPPLIES/SERVICE  | 20. QUANTITY ORDERED/ACCEPTED* | 21. UNIT | 22. UNIT PRICE | 23. AMOUNT |
|--------------|---|--------------------------------|----------|----------------|------------|
|              | SEE SCHEDULE<br>CONTRACT TYPE:<br>Firm-Fixed-Price<br><br>KIND OF CONTRACT:<br>Supply Contracts and Priced Orders |                                |          |                |            |

|  |  |                        |            |
|--|--|------------------------|------------|
| * 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>24. UNITED STATES OF AMERICA</b><br>PAMELA L. GROZDON /SIGNED/<br>GROZDONP@TACOM.ARMY.MIL (586)574-8552<br>BY: _____ CONTRACTING/ORDERING OFFICER | <b>25. TOTAL</b>       | \$6,038.40 |
|  |  | <b>26. DIFFERENCES</b> |            |

**27a. QUANTITY IN COLUMN 20 HAS BEEN**  
 INSPECTED  RECEIVED  ACCEPTED, AND CONFORMS TO CONTRACT EXCEPT AS NOTED \_\_\_\_\_

|   |                           |  |
|---|---------------------------|--|
| <b>b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE</b> | <b>c. DATE (YYYYMMDD)</b> | <b>d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE</b> |
|---|---------------------------|--|

|   |  |                             |  |
|---|--|-----------------------------|--|
| <b>e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE</b> | <b>28. SHIP. NO.</b>   | <b>29. D.O. VOUCHER NO.</b> | <b>30. INITIALS</b>                    |
|   | <input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL | <b>32. PAID BY</b>          | <b>33. AMOUNT VERIFIED CORRECT FOR</b> |

|                            |                          |   |                         |
|----------------------------|--------------------------|---|-------------------------|
| <b>f. TELEPHONE NUMBER</b> | <b>g. E-MAIL ADDRESS</b> | <b>31. PAYMENT</b>  | <b>34. CHECK NUMBER</b> |
|                            |                          | <input type="checkbox"/> COMPLETE<br><input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL |                         |

|  |   |  |                               |
|--|---|--|-------------------------------|
| <b>36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.</b> |   |  |                               |
| <b>a. DATE (YYYYMMDD)</b>  | <b>b. SIGNATURE AND TITLE OF CERTIFYING OFFICER</b> |  | <b>35. BILL OF LADING NO.</b> |

|                        |                                |                                     |                             |                               |                            |
|------------------------|--------------------------------|-------------------------------------|-----------------------------|-------------------------------|----------------------------|
| <b>37. RECEIVED AT</b> | <b>38. RECEIVED BY (Print)</b> | <b>39. DATE RECEIVED (YYYYMMDD)</b> | <b>40. TOTAL CONTAINERS</b> | <b>41. S/R ACCOUNT NUMBER</b> | <b>42. S/R VOUCHER NO.</b> |
|------------------------|--------------------------------|-------------------------------------|-----------------------------|-------------------------------|----------------------------|

CONTINUATION SHEET

Reference No. of Document Being Continued  
 PIIN/SIIN W56HZV-04-D-LA97/0002 MOD/AMD

Name of Offeror or Contractor: OSHKOSH TRUCK CORP.

| ITEM NO    | SUPPLIES/SERVICES   | QUANTITY         | UNIT     | UNIT PRICE | AMOUNT |          |       |     |                |        |   |  |   |            |          |                  |     |       |      |      |    |            |             |
|------------|---|------------------|----------|------------|--------|----------|-------|-----|----------------|--------|---|--|---|------------|----------|------------------|-----|-------|------|------|----|------------|-------------|
| 0001       | SUPPLIES OR SERVICES AND PRICES/COSTS<br><br>NSN: 2540-01-420-2869<br>FSCM: 45152<br>PART NR: 2HS876<br>SECURITY CLASS: Unclassified  |                  |          |            |        |          |       |     |                |        |   |  |   |            |          |                  |     |       |      |      |    |            |             |
| 0001AA     | <p><u>FOURTH OPTION YEAR</u></p> <p>NOUN: VENTILATOR,AIR CIRC<br/>                     PRON: EH4Y4278EH PRON AMD: 02 ACRN: AA<br/>                     AMS CD: 070011</p> <p><u>Packaging and Marking</u><br/>                     PACKAGING/PACKING/SPECIFICATIONS:<br/>                     MIL STD 2073-1C<br/>                     UNIT PACK: 001<br/>                     LEVEL PRESERVATION: Commercial<br/>                     LEVEL PACKING: Commercial</p> <p><u>Inspection and Acceptance</u><br/>                     INSPECTION: Origin ACCEPTANCE: Origin</p> <p><u>Deliveries or Performance</u><br/>                     DOC SUPPL<br/> <table border="1"> <thead> <tr> <th>REL CD</th> <th>MILSTRIP</th> <th>ADDR</th> <th>SIG CD</th> <th>MARK FOR</th> <th>TP CD</th> </tr> </thead> <tbody> <tr> <td>001</td> <td>W56HZV4251T960</td> <td>SW3227</td> <td>J</td> <td></td> <td>2</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>DEL REL CD</th> <th>QUANTITY</th> <th>DAYS AFTER AWARD</th> </tr> </thead> <tbody> <tr> <td>001</td> <td>1,110</td> <td>0090</td> </tr> </tbody> </table> <p>FOB POINT: Destination</p> <p>SHIP TO: <u>FREIGHT ADDRESS</u><br/>                     (SW3227) DEF DIST DEPOT RED RIVER<br/>                     RECEIVING BLDG 499<br/>                     10TH STREET AND K AVENUE<br/>                     TEXARKANA TX 75507-5000</p> <p><u>CONTRACT/DELIVERY ORDER NUMBER</u><br/>                     W56HZV-04-D-LA97/0002</p> </p> | REL CD           | MILSTRIP | ADDR       | SIG CD | MARK FOR | TP CD | 001 | W56HZV4251T960 | SW3227 | J |  | 2 | DEL REL CD | QUANTITY | DAYS AFTER AWARD | 001 | 1,110 | 0090 | 1110 | EA | \$ 5.44000 | \$ 6,038.40 |
| REL CD     | MILSTRIP  | ADDR             | SIG CD   | MARK FOR   | TP CD  |          |       |     |                |        |   |  |   |            |          |                  |     |       |      |      |    |            |             |
| 001        | W56HZV4251T960  | SW3227           | J        |            | 2      |          |       |     |                |        |   |  |   |            |          |                  |     |       |      |      |    |            |             |
| DEL REL CD | QUANTITY  | DAYS AFTER AWARD |          |            |        |          |       |     |                |        |   |  |   |            |          |                  |     |       |      |      |    |            |             |
| 001        | 1,110   | 0090             |          |            |        |          |       |     |                |        |   |  |   |            |          |                  |     |       |      |      |    |            |             |

**CONTINUATION SHEET**

**Reference No. of Document Being Continued**

**PIIN/SIIN** W56HZV-04-D-LA97/0002 **MOD/AMD**

**Name of Offeror or Contractor:** OSHKOSH TRUCK CORP.

CONTRACT ADMINISTRATION DATA

| LINE   | PRON/<br>AMS CD/<br><u>ITEM</u> | <u>MIPR</u> | <u>ACRN</u> | <u>STAT</u> | <u>ACCOUNTING CLASSIFICATION</u> | JOB<br>ORDER<br><u>NUMBER</u> | <u>ACCOUNTING</u><br><u>STATION</u> | <u>OBLIGATED</u><br><u>AMOUNT</u> |
|--------|---------------------------------|-------------|-------------|-------------|----------------------------------|-------------------------------|-------------------------------------|-----------------------------------|
| 0001AA | EH4Y4278EH                      |             | AA          | 2           | 97 X4930AC6D 6D                  | 26FB S20113                   | W56HZV \$                           | 6,038.40                          |
|        | 070011                          |             |             |             |                                  |                               |                                     |                                   |
|        |                                 |             |             |             |                                  |                               | TOTAL \$                            | 6,038.40                          |

| <u>SERVICE</u><br><u>NAME</u> | <u>TOTAL BY ACRN</u> | <u>ACCOUNTING CLASSIFICATION</u> | <u>ACCOUNTING</u><br><u>STATION</u> | <u>OBLIGATED</u><br><u>AMOUNT</u> |
|-------------------------------|----------------------|----------------------------------|-------------------------------------|-----------------------------------|
| Army                          | AA                   | 97 X4930AC6D 6D                  | 26FB S20113                         | W56HZV \$ 6,038.40                |
|                               |                      |                                  | TOTAL \$                            | 6,038.40                          |