

**ORDER FOR SUPPLIES OR SERVICES**

|  |   |   |   |   |   |  |  |  |                        |  |                   |
|--|---|---|---|---|---|--|--|--|------------------------|--|-------------------|
| <b>1. CONTRACT PURCH ORDER/AGREEMENT NO.</b><br>W56HZV-13-D-0016   |   |   |   | <b>2. DELIVERY ORDER/CALL NO.</b><br>0002 |   | <b>3. DATE OF ORDER/CALL (YYYYMMDD)</b><br>2014APR14   |  | <b>4. REQUISITION/PURCH REQUEST NO.</b><br>SEE SCHEDULE                  |                        | <b>5. PRIORITY</b><br>DOA4   |                   |
| <b>6. ISSUED BY</b><br>U.S. ARMY CONTRACTING COMMAND<br>GUADALUPE GARCIA<br>WARREN, MICHIGAN 48397-5000<br>HTTP://CONTRACTING.TACOM.ARMY.MIL<br><br>EMAIL: LUPE.RUDOLPH.GARCIA@US.ARMY.MIL     |   |   |   | <b>CODE</b> W56HZV                        |   | <b>7. ADMINISTERED BY (if other than 6)</b><br>DCMA PHILADELPHIA<br>700 ROBBINS AVENUE, BLDG 4-A<br>P.O. BOX 11427<br>PHILADELPHIA PA 19111-0427 |  |  |                        | <b>CODE</b> S3915A   |                   |
| <b>9. CONTRACTOR</b><br><br>THE W H SMITH HARDWARE COMPANY<br>RR 95<br>PARKERSBURG, WV 26102-0599  |   |   |   | <b>CODE</b> 8W529                         |   | <b>FACILITY</b>  |  | <b>10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD)</b><br>SEE SCHEDULE     |                        | <b>8. DELIVERY FOB</b><br><input checked="" type="checkbox"/> DESTINATION<br><input type="checkbox"/> OTHER (See Schedule if other)                              |                   |
| <b>NAME AND ADDRESS</b>  |   |   |   |   |   |  |  | <b>12. DISCOUNT TERMS</b>  |                        | <b>11. X IF BUSINESS IS</b><br><input checked="" type="checkbox"/> SMALL<br><input type="checkbox"/> SMALL DISADVANTAGED<br><input type="checkbox"/> WOMAN-OWNED |                   |
|  |   |   |   |   |   |  |  | <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-CO/NORTH ENTITLEMENT OPERATION<br>P.O. BOX 182266<br>COLUMBUS OH 43218-2266                           |  |  |                        | <b>CODE</b> HQ0337   |                   |
|  |   |   |   |   |   |  |  |  |                        | <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 checked="" type="checkbox"/>  | If this box is marked, supplier must sign Acceptance and return the following number of copies: 2 |   |   |   |   |  |  |  |                        |  |                   |
| <b>17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE</b><br>SEE CONTRACT ADMINISTRATION DATA   |   |   |   |   |   |  |  |  |                        |  |                   |
| <b>18. ITEM NO.</b>  |   | <b>19. SCHEDULE OF SUPPLIES/SERVICE</b>             |   |   |   | <b>20. QUANTITY ORDERED/ ACCEPTED*</b>   |  | <b>21. UNIT</b>  | <b>22. UNIT PRICE</b>  |  | <b>23. AMOUNT</b> |
|  |   | 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.                         |   |   |   |   | <b>24. UNITED STATES OF AMERICA</b><br>TOD V. MILLER /SIGNED/ 2014APR14<br>TOD.V.MILLER@US.ARMY.MIL (586)282-7243 |  |  |  |                        | <b>25. TOTAL</b>   | \$12,037.85       |
|  |   |   |   |   | BY: CONTRACTING/ORDERING OFFICER  |  |  |  |                        | <b>26. DIFFERENCES</b>   |                   |
| <b>27a. QUANTITY IN COLUMN 20 HAS BEEN</b><br><input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> 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>  |                   |
| <b>f. TELEPHONE NUMBER</b>   |   |   | <b>g. E-MAIL ADDRESS</b>  |   |   | <input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL   |  | <b>32. PAID BY</b>   |                        | <b>33. AMOUNT VERIFIED CORRECT FOR</b>   |                   |
| <b>36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.</b>   |   |   |   |   |   | <b>31. PAYMENT</b><br><input type="checkbox"/> COMPLETE<br><input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL                    |  | <b>34. CHECK NUMBER</b>  |                        | <b>35. BILL OF LADING NO.</b>  |                   |
| <b>a. DATE (YYYYMMDD)</b>  |   | <b>b. SIGNATURE AND TITLE OF CERTIFYING OFFICER</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****Page 2 of 4**

PIIN/SIIN W56HZV-13-D-0016/0002

MOD/AMD

**Name of Offeror or Contractor:** THE W H SMITH HARDWARE COMPANY

## SUPPLEMENTAL INFORMATION

Buyer Name: GUADALUPE GARCIA  
Buyer Office Symbol/Telephone Number: CCTA-HTB-D/(586)282-2775  
Type of Contract: Firm Fixed Price  
Kind of Contract: Supply Contracts and Priced Orders  
Type of Business: Other Small Business Performing in U.S.  
Surveillance Criticality Designator: B  
Weapon System: PLS, M1074, M1075, M1076, M1077

\*\*\* End of Narrative A0000 \*\*\*

1. Delivery Order 0002 is issued under Contract W56HZV-13-D-0016 in accordance with Ordering Clause 252.216-7006 (Ordering), for 55 each, NSN: 4010-01-387-5427, CHAIN ASSEMBLY.
2. CLIN 0012AA is hereby established for the purchase of 55 each CHAIN ASSEMBLY. The second ordering year unit price is \$218.87.
3. The total value of CLIN 0012AA is \$12,037.85.
4. All other terms and conditions are in full force and effect.

\*\*\* END OF NARRATIVE A0001 \*\*\*



**CONTINUATION SHEET**

**Reference No. of Document Being Continued**

**PIIN/SIIN** W56HZV-13-D-0016/0002 **MOD/AMD**

**Name of Offeror or Contractor:** THE W H SMITH HARDWARE COMPANY

CONTRACT ADMINISTRATION DATA

| LINE   | PRON/<br>AMS CD/<br>MIPR/<br><u>GFEB</u> <u>ATA</u> | OBLG<br><u>STAT</u> | JO NO/<br><u>ACCT ASSIGN</u> | ACRN | OBLIGATED<br><u>AMOUNT</u> |
|--------|---|---------------------|------------------------------|------|----------------------------|
| 0012AA | EH46S009EH<br>SM2B1100000                           | 2                   |                              | AA   | \$ 12,037.85               |
| TOTAL  |   |                     |                              |      | \$ 12,037.85               |

| <u>ACRN</u>                           | <u>ACCOUNTING CLASSIFICATION</u> | OBLIGATED<br><u>AMOUNT</u> |
|---------------------------------------|----------------------------------|----------------------------|
| AA 97 X4930AC9D 6D 26FB S20113 W56HZV |                                  | \$ 12,037.85               |
| TOTAL                                 |                                  | \$ 12,037.85               |

| LINE   | <u>ACRN</u>        | <u>EDI/SFIS ACCOUNTING CLASSIFICATION</u>  |
|--------|--------------------|--|
| 0012AA | AA 97 0X0X4930AC9D | S20113 6D0000SM2B110000026FB S20113 W56HZV |