

**ORDER FOR SUPPLIES OR SERVICES**

<b>1. CONTRACT PURCH ORDER/AGREEMENT NO.</b> W56HZV-13-D-0096				<b>2. DELIVERY ORDER/CALL NO.</b> 0005		<b>3. DATE OF ORDER/CALL (YYYYMMDD)</b> 2013AUG01		<b>4. REQUISITION/PURCH REQUEST NO.</b> SEE SCHEDULE		<b>5. PRIORITY</b> DOA4		
<b>6. ISSUED BY</b> U.S. ARMY CONTRACTING COMMAND PAMELA TAIARIOL WARREN, MICHIGAN 48397-5000 HTTP://CONTRACTING.TACOM.ARMY.MIL  EMAIL: PAMELA.TAIARIOL@US.ARMY.MIL				<b>CODE</b> W56HZV		<b>7. ADMINISTERED BY (if other than 6)</b> DCMA ATLANTA 2300 LAKE PARK DRIVE, SUITE 300 SMYRNA GA 30080				<b>CODE</b> S1103A		
<b>9. CONTRACTOR</b> JCB INC. 2000 BAMFORD BLVD POOLER, GA 31322-9504				<b>CODE</b> OJKF0		<b>FACILITY</b>		<b>10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD)</b> SEE SCHEDULE		<b>8. DELIVERY FOB</b> <input type="checkbox"/> DESTINATION <input checked="" type="checkbox"/> OTHER (See Schedule if other)		
<b>NAME AND ADDRESS</b>								<b>12. DISCOUNT TERMS</b>		<b>11. X IF BUSINESS IS</b> <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMAN-OWNED		
								<b>13. MAIL INVOICES TO THE ADDRESS IN BLOCK</b> See Block 15				
<b>14. SHIP TO</b> SEE SCHEDULE				<b>CODE</b>		<b>15. PAYMENT WILL BE MADE BY</b> DFAS-COLUMBUS CENTER SOUTH ENTITLEMENT OPERATIONS P.O. BOX 182264 COLUMBUS OH 43218-2264 1-800-756-4571 FAX 614-693-2224				<b>CODE</b> HQ0338		
										<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> 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> TRISH PIERCE /SIGNED/ 2013AUG01 TRISH.PIERCE@US.ARMY.MIL (586)282-8128				<b>25. TOTAL</b>		\$21,197.36		<b>26. DIFFERENCES</b>
<b>27a. QUANTITY IN COLUMN 20 HAS BEEN</b> <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 <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> <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <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-0096/0005

MOD/AMD

**Name of Offeror or Contractor:** JCB INC.

## SUPPLEMENTAL INFORMATION

Buyer Name: PAMELA TAIARIOL  
Buyer Office Symbol/Telephone Number: CCTA-HBF-C/(586)282-3523  
Type of Contract: Firm Fixed Price  
Kind of Contract: Supply Contracts and Priced Orders  
Type of Business: Large Business Performing in U.S.  
Surveillance Criticality Designator: C  
Weapon System: Excavation Equipment

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

The purpose of Delivery Order 0005, Contract W56HZV-13-D-0096, is to fund the following CLIN:

1. SECTION B: SUPPLIES OR SERVICES AND PRICES/COSTS: CLIN 0010AB-FIELD TRAINING EXERCISES: One FSR for 8 days in the amount of \$21,197.36. The period of performance is 09 AUG 2013 through 16 AUG 2013.
2. JCB will not invoice the CONUS FSR daily rate under Delivery Order 0001 for this period of performance.
3. The total dollar amount for Delivery Order 0005, Contract W56HZV-13-D-0096 is \$21,197.36.
4. All other terms and conditions remain unchanged and in full force and effect.

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

CONTINUATION SHEET

Reference No. of Document Being Continued  
 PIIN/SIIN W56HZV-13-D-0096/0005 MOD/AMD

Name of Offeror or Contractor: JCB INC.

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT						
0010	SUPPLIES OR SERVICES AND PRICES/COSTS  FSR Special Training CLIN CONTRACT TYPE: Firm Fixed Price										
0010AB	<p><u>FIELD TRAINING EXERCISE</u></p> <p>GENERIC NAME DESCRIPTION: FSR Special Training                      PRON: P126F4692T PRON AMD: 01 ACRN: AA</p> <p>CLIN 0010AB is IAW Scope of Work Section C.3.4.</p> <p>Period of Performance is 8 Days:                      09 AUG 2013 to 16 AUG 2013 for 24 hr on call support</p> <p>Daily rate for FSR Field Training Exercises is \$2,649.67*</p> <p>(1) One LO = 8 days</p> <p>(1) One FSR x \$2,649.67 x 8 = \$21,197.36</p> <p>*JCB will not invoice the CONUS FSR daily rate under Delivery Order 0001 for this period of performance</p> <p>FOB Point = Destination</p> <p>Training Location:                      FT. JUAN MUNA (1224TH ESC) GUAM</p> <p>POC at training site:                      SSG LAGUANA, ROMY                      671-647-2729(w)                      88854-29 (c)                      email: romy.laguana@us.army.mil</p> <p>(End of narrative B001)</p> <p><u>Inspection and Acceptance</u>                      INSPECTION: Destination ACCEPTANCE: Destination</p> <p><u>Deliveries or Performance</u></p> <table border="0" data-bbox="261 1661 769 1734"> <thead> <tr> <th>DLVR SCH</th> <th>PERF COMPL</th> </tr> <tr> <th><u>REL CD</u></th> <th><u>DATE</u></th> </tr> </thead> <tbody> <tr> <td>001</td> <td>16-AUG-2013</td> </tr> </tbody> </table> <p style="text-align: right;">\$ 21,197.36</p>	DLVR SCH	PERF COMPL	<u>REL CD</u>	<u>DATE</u>	001	16-AUG-2013	1	LO		\$ 21,197.36
DLVR SCH	PERF COMPL										
<u>REL CD</u>	<u>DATE</u>										
001	16-AUG-2013										

**CONTINUATION SHEET**

**Reference No. of Document Being Continued**

**PIIN/SIIN** W56HZV-13-D-0096/0005 **MOD/AMD**

**Name of Offeror or Contractor:** JCB INC.

CONTRACT ADMINISTRATION DATA

LINE	AMS CD/ <u>ITEM</u>	PRON/ <u>MIPR</u>	OBLG <u>STAT</u>	JO NO/ <u>ACCT ASSIGN</u>	<u>ACRN</u>	OBLIGATED <u>AMOUNT</u>
0010AB	P126F4692T		2	A.0011070.1.1.10.1.8	AA	\$ 21,197.36
TOTAL						\$ 21,197.36

<u>ACRN</u>	<u>ACCOUNTING CLASSIFICATION</u>				OBLIGATED <u>AMOUNT</u>
AA	021	201220142035	A5XDO R05900ARF03	3101 L034278120 A.0011070.1.1.10.1.8	021001 \$ 21,197.36
TOTAL					\$ 21,197.36

LINE	<u>ACRN</u>	<u>EDI/SFIS ACCOUNTING CLASSIFICATION</u>				OBLIGATED <u>AMOUNT</u>
0010AB	AA	021	201220142035	A5XDO R05900ARF03	3101 L034278120 A.0011070.1.1.10.1.8	021001