

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		34. Voucher Number	35. Amount Verified Correct For	36. Payment		37. Check Number	
<input type="checkbox"/> Partial	<input type="checkbox"/> Final			<input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final			
38. S/R Account No.		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)		42d. Total Containers

CONTINUATION SHEET	Reference No. of Document Being Continued PIIN/SIIN W56HZV-14-R-0071 MOD/AMD	Page 2 of 6
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Name of Offeror or Contractor:

SUPPLEMENTAL INFORMATION

Buyer Name: KATHY KESSLER
Buyer Office Symbol/Telephone Number: CCTA-HDB-N/(586)282-6856
Type of Contract: Firm Fixed Price
Kind of Contract: Other
Weapon System: Radar & Sensor
FMS REQUIREMENT

*** End of Narrative A0000 ***

CONTINUATION SHEET**Reference No. of Document Being Continued****Page 6 of 6**

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MOD/AMD

Name of Offeror or Contractor:

LIST OF ATTACHMENTS

<u>List of</u> <u>Addenda</u>	<u>Title</u>	<u>Date</u>	<u>Number</u> <u>of Pages</u>	<u>Transmitted By</u>
Exhibit A	MEDICAL & MAINTENANCE SPARES FOR AMBULANCE	03-DEC-2013	002	
Exhibit B	CDRL A001 - TRAINING	03-DEC-2013	001	