

ORDER FOR SUPPLIES OR SERVICES

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| | | | | | | | | | |
|---|------------------------------------|--|-----------|---|--|--|------------------------------|---|---------------------------------|
| 1. CONTRACT/PURCH. ORDER/ AGREEMENT NO. USZA22-03-C-0056 | | 2. DELIVERY ORDER/ CALL NO. 2331 | | 3. DATE OF ORDER/ CALL (YYYYMMDD) 2005 Jul 19 | | 4. REQ / PURCH. REQUEST NO. MIPRKCERSA036 | | 5. PRIORITY | |
| 6. ISSUED BY SOFSA, BLUEGRASS STATION P.O. BOX 14063 LEXINGTON KY 40512-4063 | | | | 7. ADMINISTERED BY (if other than 6) SEE ITEM 6 | | 8. DELIVERY FOB <input checked="" type="checkbox"/> DESTINATION <input type="checkbox"/> OTHER <small>(See Schedule if other)</small> | | | |
| 9. CONTRACTOR L3 COMMUNICATIONS INTEGRATED SYSTEMS NAME AND ADDRESS: JOINT OPERATIONS GROUP 5749 BRIAR HILL ROAD LEXINGTON KY 40518-9721 | | CODE 3DYM9 | | FACILITY | | 10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD) SEE SCHEDULE | | 11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED | |
| 14. SHIP TO SEE SCHEDULE | | CODE | | 15. PAYMENT WILL BE MADE BY DEFENSE FINANCE & ACCOUNTING SERVICE ROCK ISLAND OPERATING LOCATION BUILDING 68 ROCK ISLAND IL 61299 | | CODE HQ0303 | | 13. MAIL INVOICES TO THE ADDRESS IN BLOCK See Item 15 | |
| 16. TYPE OF ORDER | | DELIVERY/ CALL <input checked="" type="checkbox"/> | | This delivery order/call is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. | | | | | |
| PURCHASE | | <input type="checkbox"/> | | Reference your quote dated _____ Punish the following on terms specified herein. REF: _____ | | | | | |
| 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: _____ | | | | | | | | | |
| 17. ACCOUNTING AND APPROPRIATION DATA/ LOCAL USE See Schedule | | | | | | | | | |
| 18. ITEM NO. | 19. SCHEDULE OF SUPPLIES/ SERVICES | | | | 20. QUANTITY ORDERED/ ACCEPTED* | 21. UNIT | 22. UNIT PRICE | 23. AMOUNT | |
| 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. | | | | | | | | | |
| 24. UNITED STATES OF AMERICA | | TEL | | BY: _____ | | 25. TOTAL | | 26. DIFFERENCES | |
| 27a. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED | | | | | | | | | |
| b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE | | | | c. DATE (YYYYMMDD) | | d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE | | | |
| e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE | | | | 28. SHIP NO. | | 29. DO VOUCHER NO. | | 30. INITIALS | |
| f. TELEPHONE NUMBER | | g. E-MAIL ADDRESS | | | <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL | | 32. PAID BY | | 33. AMOUNT VERIFIED CORRECT FOR |
| 36. I certify this account is correct and proper for payment. | | | | | | | | | |
| a. DATE (YYYYMMDD) | | b. SIGNATURE AND TITLE OF CERTIFYING OFFICER | | | | | | | |
| 37. RECEIVED AT | | | | | 38. RECEIVED BY | | 39. DATE RECEIVED (YYYYMMDD) | | 40. TOTAL CONTAINERS |
| | | | | | | | | | 41. SR ACCOUNT NO. |
| | | | | | | | | | 42. SR VOUCHER NO. |

Do 2331

Section B - Supplies or Services and Prices

| ITEM NO | SUPPLIES/SERVICES | QUANTITY | UNIT | UNIT PRICE | AMOUNT |
|-----------------------------|---|----------|------|--------------------------|------------|
| 0007 EXERCISED OPTION | PROJ 8301 GMV MECHANIC SUPPORT R-06-CONU CPAF CER# ROM 05-283 PART A SOW 05-283 PART A SEE SIGNED DELIVERABLES, TERMS & CONDITIONS WHICH ARE HEREBY INCORPORATED BY REFERENCE. PROJECT IS INTERIM FUNDED IAW FAR 52.232-22 JONO#: 5F2399/F052399 PO: [REDACTED] FOB: Destination PURCHASE REQUEST NUMBER: MIPR5KCSR5A536 | | Lot | | |
| | | | | ESTIMATED COST | [REDACTED] |
| | | | | BASE FEE | [REDACTED] |
| | | | | SUBTOTAL EST COST + BASE | [REDACTED] |
| | | | | MAX AWARD FEE | [REDACTED] |
| | | | | TOTAL EST COST + FEE | [REDACTED] |
| | ACRN AA CIN: 00000000000000000000000000000000 | | | | |

Section E - Inspection and Acceptance

INSPECTION AND ACCEPTANCE TERMS

Supplies/services will be inspected/accepted at:

CLIN INSPECT AT
0007 Destination

INSPECT BY
Government

ACCEPT AT
Destination

ACCEPT BY
Government

Section F - Deliveries or Performance

DELIVERY INFORMATION

| CLIN | DELIVERY DATE | QUANTITY | SHIP TO ADDRESS | UIC |
|------|-----------------------------------|----------|-------------------------|-----|
| 0007 | POP 19-JUL-2005 TO 19-JUL-2006 | N/A | N/A FOB: Destination | |

Section G - Contract Administration Data

ACCOUNTING AND APPROPRIATION DATA

AA: AG 97 5 0100 56SA SS 8979 017018 2540 S11173

AMOUNT: [REDACTED]

CIN 000000000000000000000000000000: [REDACTED]