| ORDER FOR SUPPLIES OR SERVICES  |   |   |                        |              |   |   |                                      |                                   |   |   |                              |                          | PAGE 1 OF 4             |  |
|---|---|---|------------------------|--------------|---|---|--------------------------------------|-----------------------------------|---|---|------------------------------|--------------------------|-------------------------|--|
| CONTRACT/PURCH ORDER/AGREEMENT NO.     SPE5EJ-17-V-2774   |   |   |                        |              |   |   | 3. DATE OF ORDER/CALL<br>(YYYYMMMDD) |                                   |   | 4. REQUISITION/PURCH REQUEST NO. 0067400119 |                              |                          | 5. PRIORITY DO-C9       |  |
|   |   |   |                        |              |   |   | 7. ADMINISTERED BY (If other than    |                                   |   | 1   |                              |                          | 8. DELIVERY FOB         |  |
| DLA TROOP SUPPORT   |   |   |                        |              |   |   | DLA TROOP SUPPORT                    |                                   |   |   |                              |                          | DESTINATION             |  |
| 700 RO<br>PHILAD  | BBINS AV  | ENUÉ  |                        | 700          | HARDWARE (ACQ III-1) 700 ROBBINS AVENUE PHILADELPHIA PA 19111 |   |                                      |                                   |   |   | X OTHER                      |                          |                         |  |
| USA   |   |   |                        |              |   |   | USA Criticality: C PAS: None         |                                   |   |   |                              |                          | (See Schedule if other) |  |
| 9. CONTRACTOR CODE 81982  |   |   |                        |              |   |   | FACILITY                             |                                   |   |   | О ГОВ Г                      | 11. X IF BUSINESS IS     |                         |  |
|   |   |   |                        |              |   |   |                                      |                                   | (YYYYMMMDD)<br>250 DAYS ADO                     |   |                              |                          | SMALL                   |  |
| HYDRO-AIRE, INC. NAME 3000 WINONA AVE   |   |   |                        |              |   |   |                                      |                                   |   |   | TERMS                        | SMALL DISAD-<br>VANTAGED |                         |  |
| AND BURBANK CA 91504-2540<br>ADDRESS USA  |   |   |                        |              |   |   | Net 30 days                          |                                   |   |   | TUE 4 DDD 500                | WOMEN-OWNED              |                         |  |
|   |   |   |                        |              |   | 13. MAIL INVOICES TO THE ADDRESS See Block 15 |                                      |                                   |   |   | IN BLOCK                     |                          |                         |  |
| 14. SHIP TO CODE 15   |   |   |                        |              |   |   | 15. PAYMENT WILL BE MADE BY          |                                   |   |   | SL470                        | MARK ALL                 |                         |  |
|   |   |   |                        |              | DEF FIN AND ACCOUNTING SVC<br>BSM                             |   |                                      |                                   |   |   | PACKAGES AND<br>PAPERS WITH  |                          |                         |  |
| SEE SCHEDULE, DO NOT SHIP TO ADDRESSES ON THIS PAGE P O BOX 182317  COLUMBUS OH 43218-2317  |   |   |                        |              |   |   |                                      |                                   |   |   | IDENTIFICATION<br>NUMBERS IN |                          |                         |  |
| USA   |   |   |                        |              |   |   |                                      |                                   |   |   |                              |                          | BLOCKS 1 AND 2.         |  |
| 16.<br>TYPE   | DELIVE<br>CALL  | This delivery order/call is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contra            |                        |              |   |   |                                      |                                   |   |   |                              |                          | pered contract.         |  |
| OF  | PURCH   | Reference your Offer/Quote dated 2017 FEB 03, furnish the following on  |                        |              |   |   |                                      |                                   |   |   |                              | <u> </u>                 |                         |  |
| ORDER   | 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. |   |                        |              |   |   |                                      |                                   |   |   |                              |                          | PREVIOUSLY HAVE         |  |
|   |   |   |                        |              |   |   |                                      |                                   |   |   |                              |                          |                         |  |
|   | NAME C  | AME OF CONTRACTOR SIGNATURE TYPED NAME AND TITLE  |                        |              |   |   |                                      |                                   |   |   | DATE SIGNED                  |                          |                         |  |
| If this box is marked, supplier must sign Acceptance and return the following number of copies:   |   |   |                        |              |   |   |                                      |                                   |   |   |                              | (YYYYMMMDD)              |                         |  |
| 17. ACC   | OUNTIN  | G AND   | APPROPRIATION DATA/I   | OCAL USE     |   |   |                                      |                                   |   |   |                              |                          |                         |  |
| BX: 9   | 97X493  | 0 5CB   | ( 001 2620 S33189      |              |   |   |                                      |                                   |   |   |                              |                          |                         |  |
|   |   |   |                        |              |   |   |                                      |                                   |   |   |                              |                          |                         |  |
| 18. ITEN  | I NO.   | 19. SCHEDULE OF SUPPLIES/SERVICES   |                        |              |   |   |                                      | 20. QUA<br>ORDE<br>ACCEF          | RED/  | 21.<br>UNIT                                 | 22. l                        | JNIT PRICE               | 23. AMOUNT              |  |
|   |   | THE PURCHASE ORDER CLAUSES ARE APPLICABLE AS I  |                        |              |   |   |                                      | 6                                 |   |   |                              |                          |                         |  |
|   |   | ACQUISITIONS REVISION 35 (JANUARY 3, 2017) WHICH C/<br>THE WEB AT http://www.dla.mii/Portals/104/Documents/J7Ac<br>20Solicitation%20Rev%2035%20JAN%202017.pdf |                        |              |   |   | BE FOUND ON                          |                                   |   |   |                              |                          |                         |  |
|   |   |   |                        |              |   |   |                                      |                                   |   |   |                              |                          |                         |  |
|   |   | Awar  | d sent EDI, Do not dup |              |   |   |                                      |                                   |   |   |                              |                          |                         |  |
|   |   |   |                        |              |   |   |                                      |                                   |   |   |                              |                          |                         |  |
| * If augor  | ntity acco  | nted his  | the Government is      | 24. UNITED S | STATES OF AMERIC  | CA  |                                      |                                   |   |   |                              | 25. TOTAL                |                         |  |
| same as quantity ordered, indicate by X. MICHAEL T. NICOLARDI   |   |   |                        |              |   |   | Michael -                            |                                   |   | T. Nicolardi 26                             |                              |                          |                         |  |
| resulting the different, enter actual quantity accepted below quantity ordered and encircle.  MICHAEL.NICOLARDI@DLA.MIL  BY: PHPHBBT CONTRACTING/ORDERING OFFICER |   |   |                        |              |   |   |                                      |                                   |   |   | DIFFERENCES                  |                          |                         |  |
| 27a. QUANTITY IN COLUMN 20 HAS BEEN   |   |   |                        |              |   |   |                                      |                                   |   |   |                              |                          |                         |  |
|   | PECTE   |   |                        | CONTRACT     | XCEPT AS NOTED  |   | . DATE                               | T . =====                         |   |   |                              |                          |                         |  |
| D. SIGN   | NATURE  | OF AUT  | HORIZED GOVERNIVIEN    |              | (YYYYMMMDD) d. PRINTED NAME ANI                               |   |                                      |                                   | DITITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE |   |                              |                          |                         |  |
|   |   |   |                        |              |   |   |                                      |                                   |   |   |                              |                          |                         |  |
| e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE  |   |   |                        |              |   |   | 28. SHIP. NO.                        | 29. D.O. VOUCHER NO. 30. INITIALS |   |   |                              |                          |                         |  |
|   |   |   |                        |              |   |   | 1                                    |                                   |   |   |                              |                          |                         |  |
| f. TELEPHONE NUMBER   |   |   |                        |              |   |   | PARTIAL<br>FINAL                     | 32. PAID BY 33. AMOUNT VI         |   |   | ERIFIED CORRECT FOR          |                          |                         |  |
| f. TELEPHONE NUMBER g. E-MAIL ADDRESS   |   |   |                        |              |   |   | 1. PAYMENT                           | 34. CHECK NUI                     |   |   | MBER                         |                          |                         |  |
| 36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.   |   |   |                        |              |   |   | COMPLETE                             | OH. SHEUK NO                      |   |   |                              |                          |                         |  |
| a. DATE b. SIGNATURE AND TITLE OF CERTIFYING OFFICER (YYYYMMMDD)  |   |   |                        |              |   |   |                                      |                                   |   |   | 35. BILL OF LA               | DING NO.                 |                         |  |
|   |   |   |                        |              |   | ED  | FINAL CON                            | 44 OF ACCOUNT WITH THE            |   |   |                              | IED NO                   |                         |  |
| AT  | EIVED   | Jö. KE  | CEIVED BY (Print)      | (YYYYMMMDD)  |   |   | ). TOTAL CON-<br>TAINERS             | 41. S/R A                         | 41. S/R ACCOUNT NUMBER                          |   |                              | 42. S/R VOUCH            | IER NO.                 |  |
|   |   |   |                        |              |   |   |                                      |                                   |   |   |                              |                          |                         |  |

This is a First Destination Transportation (FDT) program award. If this award is for FMS or has an APO/FPO ship-to address, these instructions do not apply and normal procedures should be followed.

- 1. CONUS AWARDEES SHIPPING TO ALL LOCATIONS: Transportation requirements for FDT awards are located in DLAD clauses 52.247-9059 F.o.b. Origin, Government Arranged Transportation and 52.247-9058, First Destination Transportation (FDT) Program Shipments Originating Outside the contiguous United States (OCONUS).
- 2. OCONUS AWARDEE SHIPPING TO CONUS DESTINATION: If awardee is outside the continental United States (OCONUS) and is shipping to a location in the continental United States (CONUS), transportation requirements are located in DLAD clauses 52.247-9058, First Destination Transportation (FDT) Program Shipments Originating Outside the contiguous United States (OCONUS) and 52.247-9059 F.O.B. Origin, Government Arranged Transportation.
- 3. OCONUS AWARDEE SHIPPING TO OCONUS LOCATION: If awardee is outside the continental United States (OCONUS) and is shipping to a location outside the continental United States (OCONUS), contact the Transportation Office at delivery@dla.mil with "FDT OCONUS Shipment" in the subject line for instructions. Transportation requirements are located in DLAD clauses 52.247-9058, First Destination Transportation (FDT) Program Shipments Originating Outside the contiguous United States (OCONUS) and 52.247-9059 F.O.B. Origin, Government Arranged Transportation.
- 4. OCONUS AWARDEE WITH INSPECTION AND ACCEPTANCE AT ORIGIN: If awardee is outside the continental United States (OCONUS) and Inspection and Acceptance are at Origin, normal DCMA transportation procedures should be followed and paragraphs 1, 2 and 3 above do not apply.

**CONTINUATION SHEET** 

## ORDER NUMBER / CALL NUMBER SPE5EJ-17-V-2774

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## SECTION B

PR: 0067400119 SUPPLIES/SERVICES:

5360003478415

SPRING, HELICAL, COMP

SPRING, HELICAL, COMPRESSION
RP001: DLA PACKAGING REQUIREMENTS FOR PROCUREMENT

RA001: THIS DOCUMENT INCORPORATES TECHNICAL AND/OR QUALITY REQUIREMENTS (IDENTIFIED BY AN 'R' OR AN 'I' NUMBER) SET FORTH IN FULL TEXT IN THE DLA MASTER LIST OF TECHNICAL AND QUALITY REQUIREMENTS FOUND ON THE WEB AT: http://www.dla.mil/HQ/Acquisition/Offers/eProcurement.aspx. FOR SIMPLIFIED ACQUISITIONS, THE REVISION OF THE MASTER IN EFFECT ON THE SOLICITATION ISSUE DATE OR THE AWARD DATE CONTROLS. FOR LARGE ACQUISITIONS, THE REVISION OF THE MASTER IN EFFECT ON THE RFP ISSUE DATE APPLIES UNLESS A SOLICITATION AMENDMENT INCORPORATES A FOLLOW-ON REVISION, IN WHICH CASE THE AMENDMENT DATE CONTROLS.

RQ011: REMOVAL OF GOVERNMENT IDENTIFICATION FROM NON-ACCEPTED SUPPLIES

HYDRO AIRE INC DBA CRANE HYDRO AIRE BURBANK, CA

CRITICAL APPLICATION ITEM

HYDRO-AIRE, INC. 81982 P/N 27639

<u>CLIN PR</u> PRLI UI QUANTITY UNIT PRICE CURRENCY TOTAL PRICE

0001 0067400119 0001 EA 6.000

NSN/MATERIAL:5360003478415

QTY VARIANCE: PLUS 00.00% MINUS 00.00%

INSPECTION POINT: DESTINATION ACCEPTANCE POINT: DESTINATION

PREP FOR DELIVERY:
PKGING DATA-QUP:001

SHALL BE PACKAGED IN ACCORDANCE WITH ASTM D 3951.

Markings Paragraph When ASTM D3951, Commercial Packaging is specified, the following apply:

CONTINUED ON NEXT PAGE

CONTINUATION SHEET ORDER NUMBER / CALL NUMBER Page of Pages

SPE5EJ-17-V-2774 4 | 4

## SECTION B

CLIN: 0001 PR: 0067400119 PRLI: 0001 CONT'D

- $\bullet$  ,,All Section "D" Packaging and Marking Clauses take precedence over ASTM D3951.
- •,,In addition to requirements in MIL-STD-129, when Commercial Packaging is used, the Method of Preservation for all MIL-STD-129 marking and labeling shall be "CP" Commercial Pack.
- ullet ,, The Unit of Issue (U/I) and Quantity per Unit Pack (QUP) as specified in the contract take precedence over QUP in ASTM D3951.

DELIVER FOB: ORIGIN DELIVER BY: 2017 OCT 11

PARCEL POST ADDRESS:

UY8619 ARIZONA INDUSTRIES FOR THE BLIND 515 N 51ST AVENUE NUMBER 130 DOCK 2 PHOENIX AZ 85043

FOR TRANSPORTATION ASSISTANCE SEE DLAD 52.247-9034. FOR FIRST DESTINATION TRANSPORTATION (FDT) AWARDS SEE DLAD 52.247-9059 AND CONTRACT INSTRUCTIONS INSTEAD.

FREIGHT SHIPPING ADDRESS:

UY8619 ARIZONA INDUSTRIES FOR THE BLIND 515 N 51ST AVENUE NUMBER 130 DOCK 2 PHOENIX AZ 85043 US