

# ORDER FOR SUPPLIES OR SERVICES

|   |  |   |                      |   |  |   |                                 |             |                        |
|---|--|---|----------------------|---|--|---|---------------------------------|-------------|------------------------|
| 1. CONTRACT/PURCH. ORDER/ AGREEMENT NO.<br>HQ0147-12-D-0003   |  | 2. DELIVERY ORDER/ CALL NO.<br>001618   |                      | 3. DATE OF ORDER/ CALL (YYYYMMDD)<br>2016 Sep 13  |  | 4. REQ./ PURCH. REQUEST NO.<br>See Schedule   |                                 | 5. PRIORITY |                        |
| 6. ISSUED BY<br>MISSILE DEFENSE AGENCY (MDA)<br>CONTRACTS DIRECTORATE<br>BLDG 5222 MARTIN RD<br>REDSTONE ARSENAL AL 35898-0001  |  |   |                      | 7. ADMINISTERED BY (if other than 6)<br>DCMA DENVER<br>P.O. BOX 25586<br>DENVER CO 80225-0586   |  | 8. DELIVERY FOB<br><input checked="" type="checkbox"/> DESTINATION<br><input type="checkbox"/> OTHER<br><br>(See Schedule if other) |                                 |             |                        |
| 9. CONTRACTOR<br>LOCKHEED MARTIN CORPORATION<br>9970 FEDERAL DR<br>COLORADO SPRINGS CO 80921-3616   |  | 10. DELIVER TO FOB POINT BY (Date)<br>(YYYYMMDD)<br><b>SEE SCHEDULE</b>   |                      | 11. MARK IF BUSINESS IS<br><input type="checkbox"/> SMALL<br><input type="checkbox"/> SMALL DISADVANTAGED<br><input type="checkbox"/> WOMEN-OWNED |  | 12. DISCOUNT TERMS  |                                 |             |                        |
| 13. MAIL INVOICES TO THE ADDRESS IN BLOCK<br>See Item 15  |  |   |                      |   |  |   |                                 |             |                        |
| 14. SHIP TO<br><b>SEE SCHEDULE</b>  |  | 15. PAYMENT WILL BE MADE BY<br>DFAS COLUMBUS CENTER<br>DFAS-CO/WEST ENTITLEMENT OPERATIONS<br>P.O. BOX 182381<br>COLUMBUS OH 43218-2381               |                      |   |  | 16. MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.   |                                 |             |                        |
| 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<br>Furnish 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 checked="" type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies: <b>1</b>  |  |   |                      |   |  |   |                                 |             |                        |
| 17. ACCOUNTING AND APPROPRIATION DATA/ LOCAL USE<br><b>See Schedule</b>   |  |   |                      |   |  |   |                                 |             |                        |
| 18. ITEM NO.  | 19. SCHEDULE OF SUPPLIES/ SERVICES           |   |                      |   | 20. QUANTITY ORDERED/ ACCEPTED*  | 21. UNIT  | 22. UNIT PRICE                  |             | 23. AMOUNT             |
| <b>SEE SCHEDULE</b>   |  |   |                      |   |  |   |                                 |             |                        |
| * 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: (b)(6)   | EMA: (b)(6)          | BY: (b)(6)  | CONTRACTING / ORDERING OFFICER   | 25. TOTAL   | 26. DIFFERENCES                 | (b)(4)      |                        |
| 27a. QUANTITY IN COLUMN 20 HAS BEEN<br><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<br><input type="checkbox"/> FINAL   | 32. PAID BY   | 33. AMOUNT VERIFIED CORRECT FOR |             |                        |
| 36. I certify this account is correct and proper for payment.   |  |   |                      |   | 31. PAYMENT<br><input type="checkbox"/> COMPLETE<br><input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL |   | 34. CHECK NUMBER                |             |                        |
| a. DATE (YYYYMMDD)  | b. SIGNATURE AND TITLE OF CERTIFYING OFFICER |   |                      |   |  |   | 35. BILL OF LADING NO.          |             |                        |
| 37. RECEIVED AT   | 38. RECEIVED BY                              | 39. DATE RECEIVED (YYYYMMDD)  | 40. TOTAL CONTAINERS | 41. S/R ACCOUNT NO.   | 42. S/R VOUCHER NO.  |   |                                 |             |                        |

Section B - Supplies or Services and Prices

| ITEM NO | SUPPLIES/SERVICES                     | AMOUNT |
|---------|---------------------------------------|--------|
| 020206  | CLIN 0202 Incremental Funding         |        |
|         | ACRN AR                               | (b)(4) |
|         | PURCHASE REQUEST NUMBER: HQ0147864608 |        |

| ITEM NO | SUPPLIES/SERVICES                     | AMOUNT |
|---------|---------------------------------------|--------|
| 020104  | CLIN 0201 Incremental Funding         |        |
|         | ACRN AR                               | (b)(4) |
|         | PURCHASE REQUEST NUMBER: HQ0147864608 |        |

| ITEM NO | SUPPLIES/SERVICES                     | AMOUNT |
|---------|---------------------------------------|--------|
| 010107  | CLIN 0101 - Incremental Funding       |        |
|         | ACRN AQ                               | (b)(4) |
|         | PURCHASE REQUEST NUMBER: HQ0147864608 |        |

| ITEM NO | SUPPLIES/SERVICES   | QUANTITY | UNIT | UNIT PRICE | AMOUNT |
|---------|---|----------|------|------------|--------|
| 0010    | Contract Data Requirements List<br>COST   | 1        | Lot  |            | NSP    |
|         | Contractor shall deliver CDRLs in accordance with Exhibit A, DD Form 1423 and Task Order Statement of Work (SOW). Specific CDRLs for this task order are identified in the TO SOW.<br>FOB: Destination<br>PURCHASE REQUEST NUMBER: HQ0147654043 |          |      |            |        |

ESTIMATED COST (b)(4)

FSC CD: AC24

| ITEM NO | SUPPLIES/SERVICES   | QUANTITY | UNIT | UNIT PRICE           | AMOUNT |
|---------|---|----------|------|----------------------|--------|
| 0101    | Materials<br>CPFF   | (b)(4)   | Cost | \$1.00               | (b)(4) |
|         | Material purchases required in support of the Statement of Work (SoW) as described in Section J, Attachment #1<br>FOB: Destination<br>PURCHASE REQUEST NUMBER: HQ0147654043 |          |      |                      |        |
|         |   |          |      | ESTIMATED COST       | (b)(4) |
|         |   |          |      | FIXED FEE            | (b)(4) |
|         |   |          |      | TOTAL EST COST + FEE | (b)(4) |

FSC CD: 7010

| ITEM NO | SUPPLIES/SERVICES                        | AMOUNT |
|---------|--|--------|
| 010101  | Incremental Funding CLIN 0101<br>ACRN AA | (b)(4) |
|         | PURCHASE REQUEST NUMBER: HQ0147654043    |        |

| ITEM NO | SUPPLIES/SERVICES                     | AMOUNT |
|---------|---------------------------------------|--------|
| 010102  | Incremental Funding CLIN 0101         |        |
|         | ACRN AD                               | (b)(4) |
|         | PURCHASE REQUEST NUMBER: HQ0147755407 |        |

| ITEM NO | SUPPLIES/SERVICES                     | AMOUNT |
|---------|---------------------------------------|--------|
| 010103  | Incremental funding CLIN 0101         |        |
|         | ACRN AG                               | (b)(4) |
|         | PURCHASE REQUEST NUMBER: HQ0147758542 |        |

| ITEM NO | SUPPLIES/SERVICES                          | AMOUNT |
|---------|--|--------|
| 010104  | Incremental Funds CLIN 0101                |        |
|         | ACRN AG                                    | (b)(4) |
|         | PURCHASE REQUEST NUMBER: HQ0147755407-0006 |        |

| ITEM NO | SUPPLIES/SERVICES                     | AMOUNT |
|---------|---------------------------------------|--------|
| 010105  | CLIN 0101 - Incremental Funding       |        |
|         | ACRN AL                               | (b)(4) |
|         | PURCHASE REQUEST NUMBER: HQ0147759902 |        |

| ITEM NO | SUPPLIES/SERVICES                     | AMOUNT |
|---------|---------------------------------------|--------|
| 010106  | CLIN 0101 - Incremental Funding       |        |
|         | ACRN AM                               | (b)(4) |
|         | PURCHASE REQUEST NUMBER: HQ0147860587 |        |

| ITEM NO | SUPPLIES/SERVICES  | QUANTITY | UNIT | UNIT PRICE               | AMOUNT |
|---------|--|----------|------|--------------------------|--------|
| 0201    | Training Support System (TSS)  | (b)(4)   | Cost | \$1.00                   | (b)(4) |
|         | CPIF   |          |      |                          |        |
|         | Requirements for the Training Support System (TSS) associated to this CLIN as defined in the Statement of Work (SOW), Attachment 1, Section 3.1. |          |      |                          |        |
|         | FOB: Destination   |          |      |                          |        |
|         | PURCHASE REQUEST NUMBER: HQ0147654043  |          |      |                          |        |
|         |  |          |      | TARGET COST              | (b)(4) |
|         |  |          |      | TARGET FEE               |        |
|         |  |          |      | TOTAL TGT COST + FEE     |        |
|         |  |          |      | MINIMUM FEE              |        |
|         |  |          |      | MAXIMUM FEE              |        |
|         |  |          |      | SHARE RATIO ABOVE TARGET |        |
|         |  |          |      | SHARE RATIO BELOW TARGET |        |

FSC CD: AC24

| ITEM NO | SUPPLIES/SERVICES                     | AMOUNT |
|---------|---------------------------------------|--------|
| 020101  | Incremental Funding                   |        |
|         | ACRN AB                               | (b)(4) |
|         | PURCHASE REQUEST NUMBER: HQ0147654043 |        |

|         |                                       |        |
|---------|---------------------------------------|--------|
| ITEM NO | SUPPLIES/SERVICES                     | AMOUNT |
| 020102  | Incremental Funding                   |        |
|         | ACRN AE                               | (b)(4) |
|         | PURCHASE REQUEST NUMBER: HQ0147755407 |        |

|         |                                       |        |
|---------|---------------------------------------|--------|
| ITEM NO | SUPPLIES/SERVICES                     | AMOUNT |
| 020103  | CLIN 0201 Incremental Funding         |        |
|         | ACRN AN                               | (b)(4) |
|         | PURCHASE REQUEST NUMBER: HQ0147860587 |        |

|         |  |          |      |                          |        |
|---------|--|----------|------|--------------------------|--------|
| ITEM NO | SUPPLIES/SERVICES  | QUANTITY | UNIT | UNIT PRICE               | AMOUNT |
| 0202    | Distributed Training System (DTS)  | (b)(4)   | Cost | \$1.00                   | (b)(4) |
|         | CPIF   |          |      |                          |        |
|         | Requirements for the Distributed Training System (DTS) associated to this CLIN as defined in the Statement of Work (SOW), Attachment 1, Section 3.2. |          |      |                          |        |
|         | FOB: Destination   |          |      |                          |        |
|         | PURCHASE REQUEST NUMBER: HQ0147654043  |          |      |                          |        |
|         |  |          |      | TARGET COST              | (b)(4) |
|         |  |          |      | TARGET FEE               |        |
|         |  |          |      | TOTAL TGT COST + FEE     |        |
|         |  |          |      | MINIMUM FEE              |        |
|         |  |          |      | MAXIMUM FEE              |        |
|         |  |          |      | SHARE RATIO ABOVE TARGET |        |
|         |  |          |      | SHARE RATIO BELOW TARGET |        |

| ITEM NO | SUPPLIES/SERVICES                     | AMOUNT |
|---------|---------------------------------------|--------|
| 020201  | Incremental Funding                   |        |
|         | ACRN AB                               | (b)(4) |
|         | PURCHASE REQUEST NUMBER: HQ0147654043 |        |

| ITEM NO | SUPPLIES/SERVICES                     | AMOUNT |
|---------|---------------------------------------|--------|
| 020202  | Incremental Funding                   |        |
|         | ACRN AE                               | (b)(4) |
|         | PURCHASE REQUEST NUMBER: HQ0147755407 |        |

| ITEM NO | SUPPLIES/SERVICES                     | AMOUNT |
|---------|---------------------------------------|--------|
| 020203  | Incremental funding CLIN 0202         |        |
|         | ACRN AH                               | (b)(4) |
|         | PURCHASE REQUEST NUMBER: HQ0147758542 |        |

| ITEM NO | SUPPLIES/SERVICES                     | AMOUNT |
|---------|---------------------------------------|--------|
| 020204  | CLIN 0202 - Incremental Funding       |        |
|         | ACRN AJ                               | (b)(4) |
|         | PURCHASE REQUEST NUMBER: HQ0147759902 |        |

| ITEM NO | SUPPLIES/SERVICES                     | AMOUNT |
|---------|---------------------------------------|--------|
| 020205  | CLIN 0202 Incremental Funding         |        |
|         | ACRN AN                               | (b)(4) |
|         | PURCHASE REQUEST NUMBER: HQ0147860587 |        |

| ITEM NO | SUPPLIES/SERVICES   | QUANTITY | UNIT | UNIT PRICE     | AMOUNT |
|---------|---|----------|------|----------------|--------|
| 0801    | Travel & ODCs<br>COST   | (b)(4)   | Cost | \$1.00         | (b)(4) |
|         | <p>The Contractor is not entitled to fee on ODCs such as travel, costs associated to repatriate and expatriate expenses as well as non-fee bearing materials as negotiated. Travel costs shall be in accordance with FAR Part 31.205-46. In calculating fee under separate CLINs, these costs shall be excluded from the Contractor's total cost pool. These limitations shall be flowed down to all subcontractors.</p> <p>FOB: Destination</p> <p>PURCHASE REQUEST NUMBER: HQ0147654043</p> |          |      |                |        |
|         |   |          |      | ESTIMATED COST | (b)(4) |

FSC CD: V999

| ITEM NO | SUPPLIES/SERVICES                     | AMOUNT |
|---------|---------------------------------------|--------|
| 080101  | Incremental Funding                   |        |
|         | ACRN AC                               | (b)(4) |
|         | PURCHASE REQUEST NUMBER: HQ0147654043 |        |



| ITEM NO | SUPPLIES/SERVICES                     | AMOUNT |
|---------|---------------------------------------|--------|
| 080102  | Incremental Funding                   |        |
|         | ACRN AF                               | (b)(4) |
|         | PURCHASE REQUEST NUMBER: HQ0147755407 |        |

| ITEM NO | SUPPLIES/SERVICES                     | AMOUNT |
|---------|---------------------------------------|--------|
| 080103  | CLIN 0801 - Incremental Funding       |        |
|         | ACRN AK                               | (b)(4) |
|         | PURCHASE REQUEST NUMBER: HQ0147759902 |        |

| ITEM NO | SUPPLIES/SERVICES                          | AMOUNT |
|---------|--|--------|
| 080104  | CLIN 0801 - Incremental Funding            |        |
|         | ACRN AP                                    | (b)(4) |
|         | PURCHASE REQUEST NUMBER: HQ0147860587-0001 |        |

## Section E - Inspection and Acceptance

## INSPECTION AND ACCEPTANCE TERMS

Supplies/services will be inspected/accepted at:

| CLIN   | INSPECT AT  | INSPECT BY | ACCEPT AT   | ACCEPT BY  |
|--------|-------------|------------|-------------|------------|
| 0010   | N/A         | N/A        | N/A         | Government |
| 0101   | Destination | Government | Destination | Government |
| 010101 | N/A         | N/A        | N/A         | N/A        |
| 010102 | N/A         | N/A        | N/A         | N/A        |
| 010103 | N/A         | N/A        | N/A         | N/A        |
| 010104 | N/A         | N/A        | N/A         | N/A        |
| 010105 | N/A         | N/A        | N/A         | N/A        |
| 010106 | N/A         | N/A        | N/A         | N/A        |
| 010107 | N/A         | N/A        | N/A         | N/A        |
| 0201   | Destination | Government | Destination | Government |
| 020101 | N/A         | N/A        | N/A         | N/A        |
| 020102 | N/A         | N/A        | N/A         | N/A        |
| 020103 | N/A         | N/A        | N/A         | N/A        |
| 020104 | N/A         | N/A        | N/A         | N/A        |
| 0202   | Destination | Government | Destination | Government |
| 020201 | N/A         | N/A        | N/A         | N/A        |
| 020202 | N/A         | N/A        | N/A         | N/A        |
| 020203 | N/A         | N/A        | N/A         | N/A        |
| 020204 | N/A         | N/A        | N/A         | N/A        |
| 020205 | N/A         | N/A        | N/A         | N/A        |
| 020206 | N/A         | N/A        | N/A         | N/A        |
| 0801   | Destination | Government | Destination | Government |
| 080101 | N/A         | N/A        | N/A         | N/A        |
| 080102 | N/A         | N/A        | N/A         | N/A        |
| 080103 | N/A         | N/A        | N/A         | N/A        |
| 080104 | N/A         | N/A        | N/A         | N/A        |

