

| ORDER FOR SUPPLIES OR SERVICES                                                                                                                                                                       |  |                                                                                                                                                                                                                                         |                            |                                                                                                                                                                                              |                                                    |                                                                                                                                                                              |                                                |                                                                                     |                      | PAGE 1 OF 7                                                                                             |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------|----------------------|---------------------------------------------------------------------------------------------------------|--|--|--|
| 1. CONTRACT/PURCH ORDER/AGREEMENT NO.<br>SPE7L1-26-P-9AZ1                                                                                                                                            |  |                                                                                                                                                                                                                                         | 2. DELIVERY ORDER/CALL NO. |                                                                                                                                                                                              | 3. DATE OF ORDER/CALL<br>(YYYYMMDD)<br>2026 SEP 02 |                                                                                                                                                                              | 4. REQUISITION/PURCH REQUEST NO.<br>7017775988 |                                                                                     | 5. PRIORITY<br>DO-A1 |                                                                                                         |  |  |  |
| 6. ISSUED BY<br>DLA LAND AND MARITIME<br>LAND SUPPLY CHAIN<br>PO BOX 3990<br>COLUMBUS OH 43218-3990<br>USA<br>Local Admin: Roger Waldron Tel: 614-693-0087<br>Email: DLA.Land.Postaward.FLS@dla.mil  |  |                                                                                                                                                                                                                                         |                            | CODE<br>SPE7L1                                                                                                                                                                               |                                                    | 7. ADMINISTERED BY (If other than 6)<br>DLA LAND AND MARITIME<br>LAND SUPPLY CHAIN<br>PO BOX 3990<br>COLUMBUS OH 43218-3990<br>USA<br>Criticality: B Pre-Award Survey : None |                                                |                                                                                     |                      | CODE<br>SPE7L1                                                                                          |  |  |  |
| 9. CONTRACTOR<br><br>NAME TGC GROUP TEKNOLOJI LIMITED SIRKETI<br>AND BESTEPE MAH 31 SK NO 2B IC KAPI NO 31 YENIMAHALLE<br>ADDRESS TR- ANKARA                                                         |  |                                                                                                                                                                                                                                         |                            | CODE<br>TM850                                                                                                                                                                                |                                                    | FACILITY                                                                                                                                                                     |                                                | 10. DELIVER TO FOB POINT BY (Date)<br>(YYYYMMDD)<br>35 DAYS ADO                     |                      | 8. DELIVERY FOB<br>DESTINATION<br><input checked="" type="checkbox"/> OTHER<br>(See Schedule if other)  |  |  |  |
|                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                         |                            |                                                                                                                                                                                              |                                                    |                                                                                                                                                                              |                                                | 12. DISCOUNT TERMS<br>Net 30 days                                                   |                      | 11. X IF BUSINESS IS<br><input checked="" type="checkbox"/> SMALL<br>SMALL DISADVANTAGED<br>WOMEN-OWNED |  |  |  |
|                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                         |                            |                                                                                                                                                                                              |                                                    |                                                                                                                                                                              |                                                | 13. MAIL INVOICES TO THE ADDRESS IN BLOCK<br>Submit Invoices IAW DFARS 252.232-7003 |                      |                                                                                                         |  |  |  |
|                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                         |                            |                                                                                                                                                                                              |                                                    |                                                                                                                                                                              |                                                |                                                                                     |                      |                                                                                                         |  |  |  |
| 14. SHIP TO<br><br>SEE SCHEDULE, DO NOT SHIP TO ADDRESSES ON THIS PAGE                                                                                                                               |  |                                                                                                                                                                                                                                         |                            | CODE                                                                                                                                                                                         |                                                    | 15. PAYMENT WILL BE MADE BY<br>DEF FIN AND ACCOUNTING SVC<br>BSM<br>P O BOX 182317<br>COLUMBUS OH 43218-2317<br>USA                                                          |                                                |                                                                                     |                      | CODE<br>SL4701                                                                                          |  |  |  |
|                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                         |                            |                                                                                                                                                                                              |                                                    | MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.                                                                                                  |                                                |                                                                                     |                      |                                                                                                         |  |  |  |
| 16. TYPE OF ORDER                                                                                                                                                                                    |  | DELIVERY/ CALL                                                                                                                                                                                                                          |                            | 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 checked="" type="checkbox"/>                                                                                                                                                          |                                                    | Reference your Offer/Quote dated 2026 AUG 09 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)<br><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<br><br>BX: 97X4930 5CBX 001 2620 S33189 \$784.00                                                                                                     |  |                                                                                                                                                                                                                                         |                            |                                                                                                                                                                                              |                                                    |                                                                                                                                                                              |                                                |                                                                                     |                      |                                                                                                         |  |  |  |
| 18. ITEM NO.                                                                                                                                                                                         |  | 19. SCHEDULE OF SUPPLIES/SERVICES                                                                                                                                                                                                       |                            |                                                                                                                                                                                              |                                                    | 20. QUANTITY ORDERED/ ACCEPTED*                                                                                                                                              |                                                | 21.UNIT                                                                             | 22. UNIT PRICE       | 23. AMOUNT                                                                                              |  |  |  |
|                                                                                                                                                                                                      |  | This is a Rated Order/Contract under DPAS (15 CFR 700). See Block 5                                                                                                                                                                     |                            |                                                                                                                                                                                              |                                                    | 56.000                                                                                                                                                                       |                                                |                                                                                     |                      |                                                                                                         |  |  |  |
| * 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<br>Brandon Pesicek<br>Brandon.1.Pesicek@dla.mil<br>2026 SEP 02                                                                                                  |                                                    |                                                                                                                                                                              |                                                | 25. TOTAL<br>\$784.00                                                               |                      | 26. DIFFERENCES                                                                                         |  |  |  |
|                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                         |                            | 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. D.O. VOUCHER NO.                                                                |                      | 30. INITIALS                                                                                            |  |  |  |
| f. TELEPHONE NUMBER                                                                                                                                                                                  |  | g. E-MAIL ADDRESS                                                                                                                                                                                                                       |                            |                                                                                                                                                                                              |                                                    | 31. PAYMENT<br><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 (Print)                                                                                                                                                                                                                 |                            | 39. DATE RECEIVED (YYYYMMDD)                                                                                                                                                                 |                                                    | 40. TOTAL CONTAINERS                                                                                                                                                         |                                                | 41. S/R ACCOUNT NUMBER                                                              |                      | 42. S/R VOUCHER NO.                                                                                     |  |  |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                |                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-------------------|
| CONTINUATION SHEET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | REFERENCE NO. OF DOCUMENT BEING CONTINUED:<br>SPE7L1-26-P-9AZ1 | PAGE 2 OF 7 PAGES |
| <p>C20 Vendor Shipment Module (VSM) (JUN 2025)<br/>*****,</p> <p>DFARS 252.204-7016 Covered Defense Telecommunications Equipment or Services- Representation (DEC 2019)<br/> DFARS 252.204-7017 Prohibition on the Acquisition of Covered Defense Telecommunications Equipment or Services- Representation (MAY 2021)<br/> DFARS 252.204-7018 Prohibition on the Acquisition of Covered Defense Telecommunications Equipment or Services (JAN 2023)<br/> 52.240-91 Security Prohibitions and Exclusions (FEB 2026)<br/> *****,</p> <p>E05 Product Verification Testing (MAY 2020)<br/> (1) Product verification testing (PVT) under this procurement note will only apply when the contracting officer specifically invokes it in writing. The contracting officer may invoke PVT at or after contract award. If the contracting officer invokes PVT at contract award, the contract will explicitly state this testing requirement. If the contracting officer invokes PVT after contract award, the contracting officer shall notify the contractor and the cognizant DCMA ACO. The Government will perform PVT testing at a Government-designated testing laboratory.<br/> (2) The contractor shall not ship or deliver any material until it receives notification of the acceptable PVT results, unless the contracting officer directs it to do so in writing. The Government will provide the PVT results to the contractor within 20 business days after receipt at the Government testing facility, unless the Government specifies otherwise in writing.<br/> (3) The contractor shall provide and maintain an inspection system acceptable to the Government in accordance with FAR Clause 52.246-2 or 52.246-3; and maintain and make available all records evidencing those details if requested by the Government. When the Government finds evidence of risk associated with the contractor's sampling process, the Government may witness and evaluate the contractors sampling process. The contractor shall randomly select samples from the production lot(s), unless the contracting officer specifies otherwise in writing. The contractor shall ship the selected PVT samples with a copy of the system of record receiving report (i.e., WAWF, DD Form 250, or commercial shipping document) and the contractor's signed DD Form 1222. The contractor shall prepare the shipping container(s) by marking the external packages in bold letters, Product Verification Test Samples Do Not Post to Stock," Contract Number: contractor insert and Lot/Item Number: contractor insert adjacent to the MIL-STD-129 (latest revision) identification markings. The contractor shall use a hard copy of the system of record receiving report as a packing list, in accordance with DFARS Appendix F. The contractor shall mark the exterior of the shipping container in accordance with MIL-STD- 129 (latest revision), paragraph 5.11. The contractor shall send samples by traceable means (e.g., certified or registered mail, United Parcel Service, Federal Express). The contractor shall include the following in the interior package:<br/> (a) Hard copies of the contract;<br/> (b) Material certifications/process operation sheets; and<br/> (c) Drawings used to manufacture the units and return shipping information.<br/> (4) The Government will return samples that pass testing and are not destroyed during evaluation to the contractor at the Government expense for the contractor to include as part of the total contract quantity to be delivered under the contract. The contractor and Government may agree to dispose of samples not destroyed when the cost of the item does not justify the shipping expense. If the Government does not return approved samples that pass testing to the contractor, the Government will consider those samples as part of the contract quantity for payment and delivery.<br/> (5) If samples fail testing, the Government may reject the entire contract lot from which the contractor took the samples. The Government may, at its discretion, retain samples that fail testing without obligation to the contractor.<br/> *****,</p> <p>Delivery shall be offered in terms of a number of days after date of award. There will be no penalty for faster delivery and partial deliveries are acceptable at no additional cost to the government.<br/> *****,</p> <p>Expedited or Partial Shipments will be accepted as long as there is no additional charge to the Government.<br/> *****,</p> <p>FAR 52.209-10 PROHIBITION ON CONTRACTING WITH INVERTED DOMESTIC CORPORATIONS (NOV 2015);</p> <p>PURCHASE ORDER CLAUSES ARE APPLICABLE AS INDICATED IN THE REVISION OF THE DLA MASTER SOLICITATION FOR AUTOMATED SIMPLIFIED ACQUISITIONS IN EFFECT ON THE AWARD DATE. ALL REVISIONS OF THE DLA MASTER SOLICITATION FOR AUTOMATED SIMPLIFIED ACQUISITIONS CAN BE FOUND ON THE WEB AT: <a href="http://www.dla.mil/HQ/Acquisition/Offers/eProcurement.aspx">http://www.dla.mil/HQ/Acquisition/Offers/eProcurement.aspx</a>.<br/> *****,</p> <p>PRODUCTION FACILITY CHANGES<br/> UCF SECTION F<br/> UCF SECTION F PRODUCTION FACILITY CHANGES<br/> (a) The performance of any of the work contracted for in any place other than that named in the contract is prohibited unless specifically approved by the Contracting Officer. Written requests for a change in production facilities must be submitted in writing to the Contracting Officer. Changes in production facilities may be approved, provided:<br/> (1) Performance by small business or in labor surplus areas as required by the contract will not be changed;<br/> (2) The change will not cause a delay in delivery or necessitate a change in the purchase description;<br/> (3) The free on board (f.o.b.) point is not changed; and<br/> (4) Each request is supported by a price reduction of 250.00 to cover the Government administrative costs to process the change.<br/> (b) The Government reserves the right to deny approval even if these four elements are met.<br/> (End of Text)<br/> *****</p> <p>*****<br/> *****<br/> *****</p> |                                                                |                   |
| CONTINUED ON NEXT PAGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                |                   |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                |                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-------------------|
| CONTINUATION SHEET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | REFERENCE NO. OF DOCUMENT BEING CONTINUED:<br>SPE7L1-26-P-9AZ1 | PAGE 3 OF 7 PAGES |
| <p style="text-align: center;"><b>SECTION B</b></p> <p>SUPPLIES/SERVICES: 5340-01-197-9543</p> <p>ITEM DESCRIPTION:</p> <p>STRAP RETAINING</p> <p>RD004: Cybersecurity Maturity Model Certification (CMMC) Level 2 Self-Assessment<br/> RD004: Cybersecurity Maturity Model Certification (CMMC) Level 2 Self-Assessment<br/> 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:<br/> <a href="http://www.dla.mil/HQ/Acquisition/Offers/eProcurement.aspx">http://www.dla.mil/HQ/Acquisition/Offers/eProcurement.aspx</a></p> <p>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.</p> <p>RP001: DLA PACKAGING REQUIREMENTS FOR PROCUREMENT</p> <p>RQ011: REMOVAL OF GOVERNMENT IDENTIFICATION FROM NON-ACCEPTED SUPPLIES</p> <p>CLASS I OZONE DEPLETING CHEMICALS ARE NOT TO BE USED NOR INCORPORATED IN ANY ITEMS TO BE DELIVERED UNDER THIS CONTRACT. THIS PROHIBITION SUPERSEDES ALL SPECIFICATION REQUIREMENTS BUT DOES NOT ALLEVIATE ANY PRODUCT REQUIREMENTS. SUBSTITUTE CHEMICALS MUST BE SUBMITTED FOR APPROVAL UNLESS THEY ARE AUTHORIZED BY THE SPECIFICATION REQUIREMENTS.</p> <p>RD002, COVERED DEFENSE INFORMATION APPLIES</p> <p>FULL AND OPEN COMPETITION APPLY</p> <p>SAMPLING:<br/> THE SAMPLING METHOD SHALL BE IN ACCORDANCE WITH MIL-STD-1916 OR ASQ H1331, TABLE 1 OR A COMPARABLE ZERO BASED SAMPLING PLAN UNLESS OTHERWISE SPECIFIED BY THE CONTRACT. IF THE APPLICABLE DRAWING, SPECIFICATION, STANDARD, OR QUALITY ASSURANCE PROVISION (QAP) SPECIFIES CRITICAL, MAJOR AND/OR MINOR ATTRIBUTES, THEY SHALL BE ASSIGNED VERIFICATION LEVELS OF VII, IV AND II OR AQLS OF 0.1, 1.0 AND 4.0 RESPECTIVELY. UNSPECIFIED ATTRIBUTES SHALL BE CONSIDERED AS MAJOR UNLESS SAMPLING PLANS ARE SPECIFIED IN APPLICABLE DOCUMENTS. FOR MIL-STD-1916, THE MANUFACTURER MAY USE THE ATTRIBUTE OR VARIABLE INSPECTION METHOD AT THEIR OPTION OR PER THE CONTRACT. MIL-STD-105/ASQ Z1.4 MAY BE USED TO SET SAMPLE LOT SIZE, BUT ACCEPTANCE WOULD BE ZERO NON-CONFORMANCES IN THE SAMPLE LOT UNLESS OTHERWISE SPECIFIED IN THE CONTRACT.</p> <p>THIS ITEM IS DEFINED BY EITHER BY A MILITARY PART STANDARD, OR A PART STANDARD PUBLISHED BY A CONSENSUS NON-GOVERNMENT STANDARDS ORGANIZATION.</p> <p>HARDWARE MANUFACTURED TO THE CURRENT REVISION OF THE PART STANDARD DEFINING THIS ITEM IS ACCEPTABLE.<br/> HARDWARE MANUFACTURED IN THE PAST TO A PREVIOUS, BUT THEN CURRENT, REVISION OF THE STANDARD IS ACCEPTABLE.<br/> ANY HARDWARE MANUFACTURED FROM THE DATE OF THIS SOLICITATION FORWARD, SHALL BE MANUFACTURED IN ACCORDANCE WITH THE CURRENT REVISION OF THE PART STANDARD IN QUESTION.</p> |                                                                |                   |
| <b>CONTINUED ON NEXT PAGE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                |                   |

## SECTION B

SUPPLY/SERVICE: 5340-01-197-9543 CONT'D

TDP Rev A Gen 1  
IAW BASIC NON GOVT STD NAS1716  
REVISION NR 5 DTD 11/21/2014  
PART PIECE NUMBER: NAS1716C6T

DLA issues this document using the DoD authorized unit of issue, please refer to the following URL to determine the corresponding ANSI X12 unit of issue.

[https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.dla.mil%2FPortals%2F104%2FDocuments%2FDLMS%2FApplications%2FLogDataAdmin%2FUnit\\_of\\_Issue\\_and\\_Purchase\\_Unit.xlsx&wdOrigin=BROWSELINK](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.dla.mil%2FPortals%2F104%2FDocuments%2FDLMS%2FApplications%2FLogDataAdmin%2FUnit_of_Issue_and_Purchase_Unit.xlsx&wdOrigin=BROWSELINK)

| ITEM NO. | SUPPLIES/SERVICES               | QUANTITY | UNIT | UNIT PRICE | AMOUNT    |
|----------|---------------------------------|----------|------|------------|-----------|
| 0001     | 5340-01-197-9543<br>CLAMP, LOOP | 56.000   | EA   | \$ 14.00   | \$ 784.00 |

PRICING TERMS: Firm Fixed Price

QTY VARIANCE: PLUS 0% MINUS 0%

INSPECTION POINT: DESTINATION

ACCEPTANCE POINT: DESTINATION

FOB: ORIGIN DELIVERY DATE: 2026 OCT 07

FOB PAYMENT METHOD: GOVERNMENT

PREP FOR DELIVERY:

PKGING DATA - MIL-STD-2073-1E  
QUP:001 PRES MTHD:10 CLNG/DRY:1 PRESV MAT:00  
WRAP MAT:EA CUSH/DUNN MAT:NA CUSH/DUNN THKNESS:C  
UNIT CONT:A1 OPI:M  
INTRMDTE CONT:D3 INTRMDTE CONT QTY:AAA  
PACK CODE:U  
MARKING SHALL BE IN ACCORDANCE WITH MIL-STD-129.  
SPECIAL MARKING CODE:00 -00 No special marking

PALLETIZATION SHALL BE IN ACCORDANCE WITH RP001: DLA PACKAGING  
REQUIREMENTS FOR PROCUREMENT

IP025: PACKAGING, MARKING, AND SHIPPING OF HAZARDOUS MATERIALS

PARCEL POST ADDRESS:

W25G1U

CONTINUED ON NEXT PAGE

SECTION B

SUPPLY/SERVICE: 5340-01-197-9543 CONT'D

W1A8 DLA DISTRIBUTION  
DDSP NEW CUMBERLAND FACILITY  
2083 NORMANDY DRIVE DOOR 113 TO 134  
NEW CUMBERLAND PA 17070-5002  
US

FOR TRANSPORTATION SEE DLAD DLAD PROC NOTE C19. FOR FIRST DESTINATION TRANSPORTATION SEE DLAD PROC NOTE C20 AND CONTRACT

FREIGHT SHIPPING ADDRESS:

W25G1U

W1A8 DLA DISTRIBUTION  
DDSP NEW CUMBERLAND FACILITY  
2083 NORMANDY DRIVE DOOR 113 TO 134  
NEW CUMBERLAND PA 17070-5002  
US

GOVT USE

| ITEM | PR         | PRLI | External<br>PR | External<br>PRLI | External<br>Material | Customer RDD/<br>Need Ship Date |
|------|------------|------|----------------|------------------|----------------------|---------------------------------|
| 0001 | 7017775988 | 0001 | N/A            | N/A              | N/A                  | 02/02/2027                      |

\*\*\*\*\*

|                    |                                                                |                   |
|--------------------|----------------------------------------------------------------|-------------------|
| CONTINUATION SHEET | REFERENCE NO. OF DOCUMENT BEING CONTINUED:<br>SPE7L1-26-P-9AZ1 | PAGE 6 OF 7 PAGES |
|--------------------|----------------------------------------------------------------|-------------------|

## SECTION G - CONTRACT ADMINISTRATION DATA

### 252.232-7006 WIDE AREA WORKFLOW PAYMENT INSTRUCTIONS (PRE-FILLED) (JAN 2023) DFARS

As prescribed in [232.7004](#) (b), use the following clause:

(a) *Definitions.* As used in this clause -

*Department of Defense Activity Address Code (DoDAAC)* is a six position code that uniquely identifies a unit, activity, or organization.

*Document type* means the type of payment request or receiving report available for creation in Wide Area WorkFlow (WAWF).

*Local processing office (LPO)* is the office responsible for payment certification when payment certification is done external to the entitlement system.

*Payment request and receiving report* are defined in the clause at 252.232-7003, Electronic Submission of Payment Requests and Receiving Reports.

(b) *Electronic invoicing.* The WAWF system provides the method to electronically process vendor payment requests and receiving reports, as authorized by Defense Federal Acquisition Regulation System (DFARS) 252.232-7003, Electronic Submission of Payment Requests and Receiving Reports.

(c) *WAWF access.* To access WAWF, the Contractor shall -

(1) Have a designated electronic business point of contact in the System for Award Management at <https://www.sam.gov> and

(2) Be registered to use WAWF at <https://wawf.eb.mil/> following the step-by-step procedures for self-registration available at this Web site.

(d) *WAWF training.* The Contractor should follow the training instructions of the WAWF Web-Based Training Course and use the Practice Training Site before submitting payment requests through WAWF. Both can be accessed by selecting the "Web Based Training" link on the WAWF home page at <https://wawf.eb.mil/>.

(e) *WAWF methods of document submission.* Document submissions may be via Web entry, Electronic Data Interchange, or File Transfer Protocol.

(f) *WAWF payment instructions.* The Contractor shall use the following information when submitting payment requests and receiving reports in WAWF for this contract or task or delivery order:

(1) *Document type.* The Contractor shall submit payment requests using the following document type(s):

(i) For cost-type line items, including labor-hour or time-and-materials, submit a cost voucher.

(ii) For fixed price line items -

(A) That require shipment of a deliverable, submit the invoice and receiving report specified by the Contracting Officer.

(Contracting Officer: Insert applicable invoice and receiving report document type(s) for fixed price line items that require shipment of a deliverable.)

#### Invoice (stand-alone) and Receiving Report (stand-alone) or Invoice and Receiving Report (combination)

(B) For services that do not require shipment of a deliverable, submit either the Invoice 2in1, which meets the requirements for the invoice and receiving report, or the applicable invoice and receiving report, as specified by the Contracting Officer.

(Contracting Officer: Insert either "Invoice 2in1" or the applicable invoice and receiving report document type(s) for fixed price line items for services.)

(iii) For customary progress payments based on costs incurred, submit a progress payment request.

(iv) For performance based payments, submit a performance based payment request.

(v) For commercial financing, submit a commercial financing request.

(2) Fast Pay requests are only permitted when Federal Acquisition Regulation (FAR) 52.213-1 is included in the contract.

[Note: The Contractor may use a WAWF "combo" document type to create some combinations of invoice and receiving report in one step.]

(3) *Document routing.* The Contractor shall use the information in the Routing Data Table below only to fill in applicable fields in WAWF when creating payment requests and receiving reports in the system.

#### Routing Data Table \*

| Field Name in WAWF        | Data to be entered in WAWF                         | Guidance                        |
|---------------------------|----------------------------------------------------|---------------------------------|
| Pay Official DoDAAC       | See Block 12 (SF26), 15 (DD 1155), or 18a (SF1449) | (If blank, see resulting award) |
| Issue By DoDAAC           | See Block 5 (SF26), 6 (DD 1155), or 9 (SF1449)     | (If blank, see resulting award) |
| Admin DoDAAC              | See Block 6 (SF26), 7 (DD 1155), or 16 (SF1449)    | (If blank, see resulting award) |
| Inspect By DoDAAC         | SEE SECTION B                                      | (If blank, see resulting award) |
| Ship To Code              | SEE SECTION B                                      | (If blank, see resulting award) |
| Ship From Code            | SEE SECTION B                                      | (If blank, see resulting award) |
| Mark For Code             | SEE SECTION B                                      | (If blank, see resulting award) |
| Service Approver (DoDAAC) |                                                    | (If blank, see resulting award) |

CONTINUED ON NEXT PAGE

|                    |                                                                |                   |
|--------------------|----------------------------------------------------------------|-------------------|
| CONTINUATION SHEET | REFERENCE NO. OF DOCUMENT BEING CONTINUED:<br>SPE7L1-26-P-9AZ1 | PAGE 7 OF 7 PAGES |
|--------------------|----------------------------------------------------------------|-------------------|

## SECTION G - CONTRACT ADMINISTRATION DATA (CONTINUED)

| Field Name in WAWF        | Data to be entered in WAWF | Guidance                        |
|---------------------------|----------------------------|---------------------------------|
| Service Acceptor (DoDAAC) |                            | (If blank, see resulting award) |
| Accept at Other DoDAAC    |                            | (If blank, see resulting award) |
| LPO DoDAAC                |                            | (If blank, see resulting award) |
| DCAA Auditor DoDAAC       |                            | (If blank, see resulting award) |
| Other DoDAAC(s)           |                            | (If blank, see resulting award) |

(\* Contracting Officer: Insert applicable DoDAAC information. If multiple ship to/acceptance locations apply, insert "See Schedule" or "Not applicable.")  
(\*\* Contracting Officer: If the contract provides for progress payments or performance-based payments, insert the DoDAAC for the contract administration office assigned the functions under FAR 42.302(a)(13).)

(4) *Payment request.* The Contractor shall ensure a payment request includes documentation appropriate to the type of payment request in accordance with the payment clause, contract financing clause, or Federal Acquisition Regulation 52.216-7, Allowable Cost and Payment, as applicable.

(5) *Receiving report.* The Contractor shall ensure a receiving report meets the requirements of DFARS Appendix F.

(g) *WAWF point of contact.* (1) The Contractor may obtain clarification regarding invoicing in WAWF from the following contracting activity's WAWF point of contact.

**See administer listed on page 1**

(Contracting Officer: Insert applicable information or "Not applicable.")

(2) Contact the WAWF helpdesk at 866-618-5988, if assistance is needed.

(End of Clause)

## SECTION I - CONTRACT CLAUSES

**52.222-37 EMPLOYMENT REPORTS ON VETERANS (DEVIATION 2026-O0038) (FEB 2026) FAR**

**52.223-23 SUSTAINABLE PRODUCTS (DEVIATION 2026-O0038) (FEB 2026) FAR**

**252.244-7999 SUBCONTRACTS FOR COMMERCIAL PRODUCTS OR COMMERCIAL SERVICES (DEVIATION 2026-O0015) (FEB 2026) DFARS**