

ORDER FOR SUPPLIES OR SERVICES

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IMPORTANT: Mark all packages and papers with contract and/or order numbers.

1. DATE OF ORDER 01/17/2014		2. CONTRACT NO. (If any) HSF1GL-13-D-00005		6. SHIP TO: a. NAME OF CONSIGNEE DEPARTMENT OF HOMELAND SECURITY		
3. ORDER NO. HSFIAR-14-J-00019		4. REQUISITION/REFERENCE NO. 14ART0060		b. STREET ADDRESS FEDERAL LAW ENFORCEMENT TRNG CTR (b)(6); (b)(7)f		
5. ISSUING OFFICE (Address correspondence to) DEPARTMENT OF HOMELAND SECURITY FEDERAL LAW ENFORCEMENT TRNG CTR 1300 W RICHEY AVE ATTN: CYNTHIA YBARRA ARTESIA NM 88210		c. CITY ARTESIA		d. STATE NM	e. ZIP CODE 88210	
7. TO: JOYCE MCCORMICK		f. SHIP VIA		8. TYPE OF ORDER <input type="checkbox"/> a. PURCHASE <input checked="" type="checkbox"/> b. DELIVERY REFERENCE YOUR: Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated. Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above-numbered contract.		
a. NAME OF CONTRACTOR OLIN CORPORATION		b. COMPANY NAME		c. STREET ADDRESS 600 POWDER MILL ROAD		
d. CITY EAST ALTON		e. STATE IL	f. ZIP CODE 620241273	10. REQUISITIONING OFFICE		
9. ACCOUNTING AND APPROPRIATION DATA 2014 RT 83 8300 2671		11. BUSINESS CLASSIFICATION (Check appropriate box(es)) <input type="checkbox"/> a. SMALL <input checked="" type="checkbox"/> b. OTHER THAN SMALL <input type="checkbox"/> c. DISADVANTAGED <input type="checkbox"/> d. WOMEN-OWNED <input type="checkbox"/> e. HUBZone <input type="checkbox"/> f. SERVICE-DISABLED VETERAN-OWNED <input type="checkbox"/> g. WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOSB PROGRAM <input type="checkbox"/> h. EDWOSB		12. F.O.B. POINT Destination		
13. PLACE OF a. INSPECTION Destination		b. ACCEPTANCE Destination		14. GOVERNMENT B/L NO.		
15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date) Multiple		16. DISCOUNT TERMS Net 30		17. SCHEDULE (See reverse for Rejections)		
ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0001	DUNS Number: 088736686+0000 2014 SALARIES AND EXPENSES 700509 Ammunition, .223 REM Caliber, 55 gr., Soft Point, Olin Corporation Part No. RA223R. Continued ...			(b)(4)		
18. SHIPPING POINT		19. GROSS SHIPPING WEIGHT		20. INVOICE NO.		17(h) TOTAL (Cont. pages)
21. MAIL INVOICE TO: a. NAME DEPARTMENT OF HOMELAND SECURITY		b. STREET ADDRESS (or P.O. Box) FEDERAL LAW ENFORCEMENT TRNG CTR 1300 W RICHEY AVE, BLDG 4 ATTN: CYNTHIA YBARRA		c. CITY ARTESIA		d. STATE NM
e. ZIP CODE 88210		f. STATE NM		g. ZIP CODE 88210		17(i) GRAND TOTAL
22. UNITED STATES OF AMERICA BY (Signature) (b)(6)		23. NAME (Typed) Cynthia Ybarra TITLE: CONTRACTING/ORDERING OFFICER		\$70,512.75		

**ORDER FOR SUPPLIES OR SERVICES
SCHEDULE - CONTINUATION**

PAGE NO

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DATE OF ORDER
01/17/2014

CONTRACT NO.
HSFLGL-13-D-00005

ORDER NO.

HSFLAR-14-J-00019

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0002	<p>The unit of issue TH means thousand.</p> <p>The total number of rounds required is (b)(4)</p> <p>Delivery: 03/18/2014</p> <p>Ammunition, .40 S&W Caliber, 180 gr., JHP, Olin Corporation Part No. RA40180HP.</p> <p>The unit of issue TH means thousand.</p> <p>The total number of rounds required is (b)(4)</p> <p>Delivery: 02/18/2014</p> <p>PLEASE CONTACT (b)(6)</p> <p>24 HOURS PRIOR TO AMMUNITION DELIVERIES. DELIVERIES ARE TO BE MADE BY 3:00 P.M. MST; HOWEVER, EXCEPTION TO THIS MAY BE REQUIRED BY THE GOVERNMENT WITH 24 HOUR NOTIFICATION. PALLETS ARE TO BE DELIVERED ON THE TAIL OF THE DELIVERY TRAILER/TRUCK.</p> <p>NOTE: IF DELIVERY DATE CANNOT BE MET, PLEASE CONTACT CYNTHIA YBARRA IMMEDIATELY (b)(6) PARTIAL SHIPMENTS ARE ACCEPTABLE.</p> <p>The obligated amount of award: \$70,512.75. The total for this award is shown in box 17(i).</p>					
<p align="right">(b)(4)</p>						

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))

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OPTIONAL FORM 348 (Rev. 4/2006)
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