

CONTRACT PRICING PROPOSAL		PAGE NO. 1 OF 2
NAME OF CONTRACTOR ORX	SUPPLIES AND/OR SERVICES TO BE FURNISHED COMET	
HOME OFFICE ADDRESS ONE PARK AVE TIPTON, PA 16684		
DIVISION(S) AND LOCATION(S) WHERE WORK IS TO BE PERFORMED	TOTAL AMOUNT OF PROPOSAL	SOLICITATION NO.

DETAIL DESCRIPTION OF COST ELEMENTS

1. DIRECT MATERIAL (Itemize on Exhibit A)	Est. Cost(s)	Total Est. Cost	Reference
a. Purchased Parts	0		
b. Subcontracted Items			
c. Other: (1) Raw Material			
(2) Your Standard Commercial Items			
(3) Interdivisional Transfers (at other than cost)			
TOTAL DIRECT MATERIAL			
2. MATERIAL OVERHEAD (Rate % x \$ base =)			
3. DIRECT LABOR (Specify)	Estimated Hours	Rate/ Hour	Est. Cost (\$)
	10	76	781
TOTAL DIRECT LABOR			
4. LABOR OVERHEAD (Specify Department or Cost Center)	O.H. Rate	X Base =	Est. Cost (\$)
	32.9	781	257
TOTAL LABOR OVERHEAD			
5. SPECIAL TESTING (Including field work at Government installations)		Est. Cost (\$)	
TOTAL SPECIAL TESTING			
6. SPECIAL EQUIPMENT (If direct charge, itemize on Exhibit A)			
7. TRAVEL (If direct charge, give details on attached Schedule)		Est. Cost (\$)	
a. Transportation		120	
b. Per Diem or Subsistence			
TOTAL TRAVEL			
8. CONSULTANTS (Identify - purpose - rate)		Est. Cost (\$)	
TOTAL CONSULTANTS			
9. OTHER DIRECT COSTS (Itemize on Exhibit A)			
10. TOTAL DIRECT COST AND OVERHEAD			
11. GENERAL AND ADMINISTRATIVE EXPENSE (Rate (% of cost element Nos.))			
12. ROYALTIES			
13. TOTAL ESTIMATED COST		1,158.	
14. FEE OR PROFIT			
15. TOTAL ESTIMATED COST AND FEE OR PROFIT			

CONTRACT PRICING PROPOSAL				PAGE NO. 1 OF 2	
NAME OF CONTRACTOR ORX		SUPPLIES AND/OR SERVICES TO BE FURNISHED			
HOME OFFICE ADDRESS ONE PARK AVE TIPTON, PA 16684		ARROW III			
DIVISION(S) AND LOCATION(S) WHERE WORK IS TO BE PERFORMED		TOTAL AMOUNT OF PROPOSAL		SOLICITATION NO.	
DETAIL DESCRIPTION OF COST ELEMENTS					
1. DIRECT MATERIAL (Itemize on Exhibit A)		Est. Cost(s)		Total Est. Cost	
a. Purchased Parts		4817			
b. Subcontracted Items					
c. Other: (1) Raw Material					
(2) Your Standard Commercial Items					
(3) Interdivisional Transfers (at other than cost)					
TOTAL DIRECT MATERIAL		4817			
2. MATERIAL OVERHEAD (Rate 15% x \$ base =)		723			
3. DIRECT LABOR (Specify)		Estimated Hours	Rate/ Hour	Est. Cost (\$)	
		63	76	4810	
TOTAL DIRECT LABOR					
4. LABOR OVERHEAD (Specify Department or Cost Center)		O.H. Rate	X Base =	Est. Cost (\$)	
		32.9	4810	1582	
TOTAL LABOR OVERHEAD					
5. SPECIAL TESTING (Including field work at Government installations)				Est. Cost (\$)	
TOTAL SPECIAL TESTING					
6. SPECIAL EQUIPMENT (If direct charge, itemize on Exhibit A)					
7. TRAVEL (if direct charge, give details on attached Schedule)				Est. Cost (\$)	
a. Transportation				220	
b. Per Diem or Subsistence					
TOTAL TRAVEL					
8. CONSULTANTS (Identify - purpose - rate)				Est. Cost (\$)	
TOTAL CONSULTANTS					
9. OTHER DIRECT COSTS (Itemize on Exhibit A)					
10. TOTAL DIRECT COST AND OVERHEAD					
11. GENERAL AND ADMINISTRATIVE EXPENSE (Rate (% of cost element Nos.))					
12. ROYALTIES					
13. TOTAL ESTIMATED COST				12,152	
14. FEE OR PROFIT					
15. TOTAL ESTIMATED COST AND FEE OR PROFIT					

2-2

CONTRACT PRICING PROPOSAL			PAGE NO. 1 OF 2	
NAME OF CONTRACTOR ORX		SUPPLIES AND/OR SERVICES TO BE FURNISHED		
HOME OFFICE ADDRESS ONE PARK AVE T. P. AD, PA 16684		PL4Z AC		
DIVISION(S) AND LOCATION(S) WHERE WORK IS TO BE PERFORMED		TOTAL AMOUNT OF PROPOSAL	SOLICITATION NO.	
DETAIL DESCRIPTION OF COST ELEMENTS				
1. DIRECT MATERIAL (Itemize on Exhibit A)		Est. Cost(s)	Total Est. Cost	Reference
a. Purchased Parts		8137		
b. Subcontracted Items				
c. Other: (1) Raw Material				
(2) Your Standard Commercial Items				
(3) Interdivisional Transfers (at other than cost)				
TOTAL DIRECT MATERIAL		8137		
2. MATERIAL OVERHEAD (Rate 15 % x \$ base =)		1221		
3. DIRECT LABOR (Specify)		Estimated Hours	Rate/ Hour	Est. Cost (\$)
		151	76	11,502
TOTAL DIRECT LABOR				
4. LABOR OVERHEAD (Specify Department or Cost Center)		O.H. Rate	X Base =	Est. Cost (\$)
		32.9	11502	3783
TOTAL LABOR OVERHEAD				
5. SPECIAL TESTING (Including field work at Government installations)		Est. Cost (\$)		
TOTAL SPECIAL TESTING				
6. SPECIAL EQUIPMENT (If direct charge, itemize on Exhibit A)				
7. TRAVEL (if direct charge, give details on attached Schedule)		Est. Cost (\$)		
a. Transportation		805		
b. Per Diem or Subsistence				
TOTAL TRAVEL				
8. CONSULTANTS (Identify - purpose - rate)		Est. Cost (\$)		
TOTAL CONSULTANTS				
9. OTHER DIRECT COSTS (Itemize on Exhibit A)				
10. TOTAL DIRECT COST AND OVERHEAD				
11. GENERAL AND ADMINISTRATIVE EXPENSE (Rate (% of cost element Nos.))				
12. ROYALTIES				
13. TOTAL ESTIMATED COST		25,448		
14. FEE OR PROFIT				
15. TOTAL ESTIMATED COST AND FEE OR PROFIT				

4-2

