

# ORDER FOR SUPPLIES OR SERVICES

(Contractor must submit four copies of invoice.)

Form Approved  
OMB No. 0704-0187  
Expires Jun 30, 1997

PAGE 1 OF

**6**

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES.  
SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.**

|                                                                                                                                                                                                           |  |                       |                                          |                                                 |                                                                                                                                                                         |                                                           |                                                                    |                            |                                                                                                                                                              |                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------|------------------------------------------|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| 1. CONTRACT/PURCH ORDER NO.<br><b>SP0700-05-V-0354</b>                                                                                                                                                    |  | 2. DELIVERY ORDER NO. |                                          | 3. DATE OF ORDER (YYMMDD)<br><b>2004 OCT 10</b> |                                                                                                                                                                         | 4. REQUISITION/PURCH REQUEST NO.<br><b>YPC04267000274</b> |                                                                    | 5. PRIORITY<br><b>DOA1</b> |                                                                                                                                                              |                                                                                                                                         |
| 6. ISSUED BY<br><b>Defense Supply Center Columbus<br/>P.O. Box 3990<br/>Columbus, OH 43218-3990<br/>Local Administrator: PCCCK00 (614)692-8553 / FAX: (614)692-6931<br/>E-mail: joanne.bogner@dla.mil</b> |  |                       | CODE<br><b>SP0700</b>                    |                                                 | 7. ADMINISTERED BY (If other than 6)<br><b>SP0900 DEFENSE SUPPLY CTR COLUMBUS<br/>ATTN: DSCC-C<br/>3990 E. BROAD ST, P O BOX 16704<br/>COLUMBUS OH 43216-5010</b>       |                                                           |                                                                    | CODE<br><b>SC0700</b>      |                                                                                                                                                              | 8. DELIVERY FOB<br><input checked="" type="checkbox"/> DEST<br><input type="checkbox"/> OTHER<br><small>(See Schedule if other)</small> |
| 9. CONTRACTOR<br><b>PIONEER VALVE AND FITTING CO.<br/>155 MARINE STREET<br/>FARMINGDALE NY 11735-5609<br/>Vendor's Copy was sent EDI. Do not Duplicate shipment.</b>                                      |  |                       | CODE<br><b>66200</b>                     |                                                 | FACILITY CODE                                                                                                                                                           |                                                           | 10. DELIVER TO FOB POINT BY (Date) (YYMMDD)<br><b>130 DAYS ADO</b> |                            | 11. MARK IF BUSINESS IS<br><input checked="" type="checkbox"/> SMALL<br><input type="checkbox"/> SMALL DISADVANTAGED<br><input type="checkbox"/> WOMEN-OWNED |                                                                                                                                         |
| NAME AND ADDRESS                                                                                                                                                                                          |  |                       | 12. DISCOUNT TERMS<br><b>NET 30 days</b> |                                                 | 13. MAIL INVOICES TO<br><b>See Block 15</b>                                                                                                                             |                                                           |                                                                    |                            |                                                                                                                                                              |                                                                                                                                         |
| 14. SHIP TO<br><b>See Schedule - Do Not Ship to Address in Block 6</b>                                                                                                                                    |  |                       | CODE                                     |                                                 | 15. PAYMENT WILL BE MADE BY<br><b>S33181 DFAS COLUMBUS CENTER<br/>ATTN DFAS CO BVD/PCC/CC CONSTRUCTION<br/>3990 E BROAD ST PO BOX 182317<br/>COLUMBUS OH 43218-6203</b> |                                                           |                                                                    | CODE<br><b>S33181</b>      |                                                                                                                                                              | MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER                                                                              |

|                   |  |                                                                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |
|-------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|
| 16. TYPE OF ORDER |  | This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.                                                                                                                            |  |  |  |  |  |  |  |  |
| DELIVERY          |  | Reference your <b>offer dated 2004 SEP 27, 5497246</b> and furnish the following on terms specified herein.                                                                                                                                                                 |  |  |  |  |  |  |  |  |
| PURCHASE          |  | <input checked="" type="checkbox"/> 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 (YYMMDD) |
| <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  
**CG: 97X4930 5CC0 001 26.0 S33150**

| 18. ITEM NO. | 19. SCHEDULE OF SUPPLIES/SERVICE                                                                 | 20. QUANTITY ORDERED/ACCEPTED* | 21. UNIT | 22. UNIT PRICE | 23. AMOUNT |
|--------------|--------------------------------------------------------------------------------------------------|--------------------------------|----------|----------------|------------|
|              | <b>Remarks:<br/>ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.</b> | <b>TOTAL:<br/>74</b>           |          |                |            |

|                                                                                                                                                                                            |                         |                                                                                                                  |                      |                                 |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------|---------------------|
| * If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.                     |                         | 24. UNITED STATES OF AMERICA <b>Alan Searfoss</b> <b>PBBT004</b>                                                 |                      | 25. TOTAL <b>\$ 4314.94</b>     |                     |
| BY:                                                                                                     |                         | TRACTING/ORDERING OFFICER                                                                                        |                      | 29. DIFFERENCE                  |                     |
| 26. 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 |                         | 32. PAID BY                                                                                                      |                      | 30. INITIALS                    |                     |
| DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____                                                                                                                         |                         | <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL                                                  |                      | 33. AMOUNT VERIFIED CORRECT FOR |                     |
| 36. I certify this account is correct and proper for payment.                                                                                                                              |                         | 31. PAYMENT<br><input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL |                      | 34. CHECK NUMBER                |                     |
| DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____                                                                                                                                 |                         |                                                                                                                  |                      | 35. BILL OF LADING NO.          |                     |
| 37. RECEIVED AT                                                                                                                                                                            | 38. RECEIVED BY (Print) | 39. DATE RECEIVED (YYMMDD)                                                                                       | 40. TOTAL CONTAINERS | 41. S/R ACCOUNT NUMBER          | 42. S/R VOUCHER NO. |

## SECTION B

PR YPC04267000274  
 NSN 4730-01-323-5847

## ITEM DESCRIPTION:

TOW BOLT.  
 E/I B-2 AIRCRAFT (SUPPORT EQUIPMENT)  
 TRAILOR COMPONENT MFG INC (62589) P/N 05-0804

| <u>ITEM</u> | <u>PR</u>      | <u>PRLI</u> | <u>QUANTITY</u> | <u>UNIT</u> | <u>UNIT PRICE</u> | <u>AMOUNT</u> |
|-------------|----------------|-------------|-----------------|-------------|-------------------|---------------|
| 0001        | YPC04267000274 | 0001        | 25              | EA          | \$58.31000        | \$1457.75     |

QTY VARIANCE: PLUS 0% MINUS 0%  
 INSPECTION POINT: DEST  
 ACCEPTANCE POINT: DEST

## PREP FOR DELIVERY

PKGING DATA - MIL-STD-2073-1D, 15 DEC 1999  
 QUP = 001: PRES MTHD = 31: CLNG/DRY = 1: PRESV MAT = 00:  
 WRAP MAT = XX: CUSH/DUNN MAT = XX: CUSH/DUNN THKNESS = X:  
 UNIT CONT = D3: OPI = 0:  
 INTRMDTE CONT = XX: INTRMDTE CONT QTY = AAA:  
 PACK CODE = U:  
 MARKING SHALL BE IN ACCORDANCE WITH MIL-STD-129.  
 SPECIAL MARKING CODE: 00 - NO SPECIAL MARKING.  
 PALLETIZATION SHALL BE IN ACCORDANCE WITH DC1636P001 REV E  
 DATED 3029  
 SUPPLEMENTAL INSTRUCTIONS  
 BAGS SHALL BE FABRICATED FROM TYPE 1,2,  
 OR 3, CLASS B, STYLE 1, OR TYPE 1 OR 2,  
 CLASS C, STYLE 1, I/A/W MIL-B-117.

For all shipments of packaged materiel to the government, which includes either depot (DLA-direct) or DVD (customer-direct) shipments, both DoD linear and 2-D bar code markings are required on military shipping labels in accordance with MIL-STD-129, revision P, dated December 15, 2002. 2-D bar coding shall be in accordance with ISO/IEC 15438, ISO/IEC 15434 (ANSI MH10.8.3) and DoD 4500.9-R. MSL linear (code 3 of 9 or code 39) bar coding shall be in accordance with ISO/IEC 16388. MSL label stock quality shall meet MIL-PRF-61002. MSL bar code print quality

CONTINUED ON NEXT PAGE

SECTION B

shall meet ANSI MH10.8-2000 or ANSI X3.182-1990 (R2000) for applicable 2-D and/or linear bar codes. All DVD shipments shall meet additional linear bar coding requirements in DLAD 52.211-9008. When the contract/order omits any data element required to be bar-coded, the field shall be zero-filled. These requirements do not apply to delivery orders when the basic contract has not been modified to require MIL-STD-129P. If there are inconsistencies between the schedule and MIL-STD-129P, the schedule takes precedence.

DELIVER FOB: DESTINATION BY: 2005 FEB 17

PARCEL POST ADDRESS:

W62G2T
XU DEF DIST DEPOT SAN JOAQUIN
TRANSPORTATION OFFICER
PO BOX 960001
STOCKTON CA 95296-0130

FREIGHT SHIPPING ADDRESS:

W62G2T
XU DEF DIST DEPOT SAN JOAQUIN
25600 S CHRISMAN ROAD
REC WHSE 10 PH 209 839 4307
TRACY CA 95304-5000

NON-MILSTRIP
PROJ

\* \* \* \* \*

Table with columns: ITEM, PR, PRLI, QUANTITY, UNIT, UNIT PRICE, AMOUNT. Row 1: 0002, YPC04267000274, 0002, 37, EA, \$58.31000, \$2157.47. Includes QTY VARIANCE and INSPECTION POINT info.

CONTINUED ON NEXT PAGE

SECTION B

PREP FOR DELIVERY

PKGING DATA - MIL-STD-2073-1D, 15 DEC 1999
MIL-STD-2073 PACKAGING DATA SAME AS PRIOR LINE

DELIVER FOB: DESTINATION BY: 2005 FEB 17

PARCEL POST ADDRESS:

SW3210
DISTRIBUTION DEPOT HILL
7537 WARDLEIGH RD
HILL AFB UT 84056-5734

FREIGHT SHIPPING ADDRESS:

SW3210
DISTRIBUTION DEPOT HILL
7537 WARDLEIGH RD BLDG 849W
HILL AFB UT 84056-5734

NON-MILSTRIP
PROJ

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Table with columns: ITEM, PR, PRLI, QUANTITY, UNIT, UNIT PRICE, AMOUNT. Row 1: 0003, YPC04267000274, 0003, 12, EA, \$58.31000, \$699.72. Includes variance and inspection/acceptance points.

PREP FOR DELIVERY

PKGING DATA - MIL-STD-2073-1D, 15 DEC 1999
MIL-STD-2073 PACKAGING DATA SAME AS PRIOR LINE

DELIVER FOB: DESTINATION BY: 2005 FEB 17

PARCEL POST/FREIGHT ADDRESS:

CONTINUED ON NEXT PAGE

**SECTION B**

SW3119  
DEF DIST DEPOT WARNER ROBINS  
455 BYRON STREET BLDG 376  
ROBINS AFB GA 31098-1887

NON-MILSTRIP  
PROJ

\* \* \* \* \*

REMIT PAYMENT TO:

\* \* \* \* \*

**CONTINUED ON NEXT PAGE**

CONTINUATION SHEET

Order Number:

SP0700-05-V-0354

PAGE OF PAGES

6

6

THE PURCHASE ORDER CLAUSES ARE APPLICABLE AS INDICATED IN THE  
DSCC MASTER SOLICITATION FOR AUTOMATED SOLICITATIONS AND  
RESULTING AWARDS REVISION 15 FOUND ON THE DSCC WEB SITE AT  
<http://dibbs.dsc.dla.mil/refs/provclauses/>