

# 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

**2**

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. <b>SP0700-03-D-9745</b>		2. DELIVERY ORDER NO. <b>B678</b>		3. DATE OF ORDER (YYMMDD) <b>2004 OCT 04</b>		4. REQUISITION/PURCH REQUEST NO. <b>R5566042787C04</b>		5. PRIORITY			
6. ISSUED BY <b>DEFENSE SUPPLY CENTER COLUMBUS P.O. Box 3990 Columbus, OH 43218-3990</b>				7. ADMINISTERED BY (If other than 6) <b>SC0700 DEFENSE SUPPLY CNTR COLUMBUS ATTN DSCC-PLS PO BOX 3990 (TRANS 1-800-456-5507) COLUMBUS, OH 43218-3990</b>		8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER <i>(See Schedule if other)</i>					
9. CONTRACTOR <b>B T M C CORP 156 E BROADWAY WESTERVILLE OH 43081-1508</b>		10. DELIVER TO FOB POINT BY (Date) (YYMMDD)		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED		12. DISCOUNT TERMS <b>I/A/W/ BASIC CONTRACT</b>		13. MAIL INVOICES TO <b>SEE BLOCK 15</b>			
14. SHIP TO <b>DO NOT SHIP TO ADDRESSES ON THIS PAGE SEE FOLLOWING PAGE SHIPPING ADDRESSES ARE SHOWN UNDER LINE ITEM</b>		15. PAYMENT WILL BE MADE BY <b>S33181 DFAS COLUMBUS CENTER ATTN DFAS CO BVDPC/CC CONSTRUCTION 3990 E BROAD ST PO BOX 182317 COLUMBUS OH 43218-6203</b>		16. TYPE OF ORDER <input checked="" type="checkbox"/> DELIVERY <input type="checkbox"/> PURCHASE This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. Reference your _____ and furnish the following on terms specified herein. <b>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.</b>		17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE <b>CG: 97X4930 5CC0 001 26.0 S33150</b>		18. NAME OF CONTRACTOR <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies: _____			
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/SERVICE		20. QUANTITY ORDERED/ACCEPTED*		21. UNIT		22. UNIT PRICE		23. AMOUNT	
		<b>Remarks: Terms and conditions are in accordance with Basic Contract.  Vendor's copy was sent EDI. Do not duplicate shipment.  For Overseas (OCONUS) Shipments use DD Form 1387 (Military Shipment Label). The form and instructions for completing it are available at <a href="http://www.dsc.dla.mil/Offices/Packaging/forms.html">http://www.dsc.dla.mil/Offices/Packaging/forms.html</a></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 BY: <b>EPPI Auto Award</b>				25. TOTAL <b>\$ 64.54</b>			
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED				27. SHIP. NO. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		28. D.O. VOUCHER NO.		29. DIFFERENCE		30. INITIALS	
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____				31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR		34. CHECK NUMBER	
36. I certify this account is correct and proper for payment. 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

ITEM DESCRIPTION NOT INCLUDED

MILSTRIP REQUIRED DELIVERY DATE 777

P/N A83222Y1715 Manufacturer's CAGE - 78500

<u>ITEM</u>		<u>QTY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001	PR R5566042787C04 NSN 2530-01-318-1253	2	EA	32.27	64.54

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

DELIVERY FOB: ORIGIN BY: 2004 OCT 07

**RDD 777 CONTACT TRANS OFFICE AT ADMIN OFFICE PRIOR TO SHIPMENT****PARCEL POST ADDRESS:**

MARINE AVIATION LOGISTIC SQ SUPPORT  
MALS 16 SUP ELEM A AVIATION SUP OFC  
964261061, AR AP

**FREIGHT ADDRESS:**

R55660  
MARINE AVIATION LOGISTIC SQ SUPPORT  
ELEMENT A MALS 16 SUP ELEM A  
CALL NAV OPER LOGISTIC SUP CTR NOLSC  
PHONE CML 757 443 5434 DSN 646 5434

M/F: (TCN) R5566042787C04  
RDD: 777 PROJ: BK1  
PRIORITY: 05

END OF AWARD