

ORDER FOR SUPPLIES OR SERVICES

(Contractor must submit four copies of invoice.)

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

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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.**

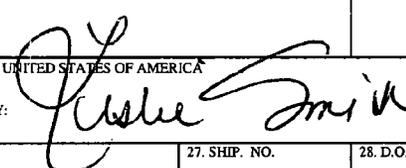
1. CONTRACT/PURCH ORDER NO. DAAE07-03-D-S023		2. DELIVERY ORDER NO. UB15		3. DATE OF ORDER (YYMMDD) 2004 JAN 05		4. REQUISITION/PURCH REQUEST NO. YPC03351000501		5. PRIORITY DOA4		
6. ISSUED BY Defense Supply Center Columbus 3990 E. Broad St. P.O. Box 16704 Columbus, OH 43216-5010 Local Administrator: PLLXCBF (614)692-1278 / FAX: (614)693-1574, E-mail: Julie.Brill@dla.mil			CODE SP0700	7. ADMINISTERED BY (If other than 6) DCMA DETROIT US ARMY TANK & AUTOMOTIVE COMMAND-T ATTN: DCMAE-GJD WARREN MI 48397-5000			CODE S2305A		8. DELIVERY FOB <input checked="" type="checkbox"/> DEST <input type="checkbox"/> OTHER <i>(See Schedule if other)</i>	
9. CONTRACTOR U.S. DEFENSE SERVICES INC. DBA USDS 35418 MOUND RD. STERLING HEIGHTS MI 48310-4721			CODE OBAT5	FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) 60 DAYS ADO		11. MARK IF BUSINESS IS <input checked="" type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED		
NAME AND ADDRESS						12. DISCOUNT TERMS NET 30 days		13. MAIL INVOICES TO See Block 15		
14. SHIP TO See Schedule - Do Not Ship to Address in Block 6			CODE	15. PAYMENT WILL BE MADE BY ATTN DFAS CO BVD/CC/CC CONSTRUCTIO 3990 E BROAD ST PO BOX 182317 COLUMBUS OH 43218-6203			CODE S33181		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	

16. DELIVERY TYPE OF ORDER		<input checked="" type="checkbox"/> DELIVERY	This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.							
		<input type="checkbox"/> PURCHASE	Reference your _____ and 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 (YYMMDD)	
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
	Remarks: CONFIRMING ORDER -- DO NOT DUPLICATE ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT. Duty free entry authorized.	TOTAL: 20			

* 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: 		25. TOTAL \$ 1740.40	
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.		29. DIFFERENCE	
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____		<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		30. INITIALS	
36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____		31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY	
37. RECEIVED AT		38. RECEIVED BY (Print)		33. AMOUNT VERIFIED CORRECT FOR	
39. DATE RECEIVED (YYMMDD)		40. TOTAL CONTAINERS		34. CHECK NUMBER	
		41. S/R ACCOUNT NUMBER		35. BILL OF LADING NO.	
		42. S/R VOUCHER NO.			

SECTION B

PR YPC03351000501
NSN 2540-01-165-4525

ITEM DESCRIPTION:

ATTACHMENT, ROLLER.

U.S. DEFENSE SERVICES INC. (0BAT5) P/N 92682-991
ALVIS HAGGLUNDS AB (S3465) P/N 92682-991

<u>ITEM</u>	<u>PR</u>	<u>PRI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001	YPC03351000501	0001	20	EA	\$87.02000	\$1740.40

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

PREP FOR DELIVERY

PKGING DATA - QUP'001:

SHALL BE PACKAGED STANDARD COMMERCIAL IN ACCORDANCE WITH ASTM D 3951.

DOD BAR CODE MARKING REQUIRED IN ACCORDANCE WITH
MIL-STD-129 (LATEST REVISION) MARKING AND BAR
CODING IN ACCORDANCE WITH AIM BC1.

DELIVER FOB: DESTINATION BY: 2004 MAR 05

PARCEL POST ADDRESS:

W62N2A
XU DEF DIST DEPOT SAN JOAQUIN
TRANSPORTATION OFFICER
PO BOX 960001
STOCKTON CA 95296-0130

FREIGHT SHIPPING ADDRESS:

CONTACT TRANS OFF AT ADMIN OFF PRIOR TO SHIPMENT

M/F: (TCN) C2L00333422094 XXX
RDD 359 CONTACT TRANS OFFICE AT ADMIN OFFICE PRIOR TO SHIPMENT
PROJ TP 2
SUP ADD W80CWH SIG L

CONTINUED ON NEXT PAGE

SECTION B

FOR DOCUMENT DISTRIBUTION ONLY:

W80CWH
SR W4UJ USAG ALASKA
DOL PROP CON BR BLDG 3030
1060 GAFFNEY ROAD AWCFF SSF
FT WAINWRIGHT AK 99703-7000

FOR GOVERNMENT USE ONLY: IPD 05

DIC A31 DIST ADV FC LA

REMIT PAYMENT TO:
