

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. SP0760-02-D-9718 | | 2. DELIVERY ORDER NO. 0079 | | 3. DATE OF ORDER (YYMMDD) 2004 JAN 07 | | 4. REQUISITION/PURCH REQUEST NO. YPC03365000685 | | 5. PRIORITY DOA3 | | | |
| 6. ISSUED BY CODE SP0700 Defense Supply Center Columbus 3990 E. Broad St. P.O. Box 16704 Columbus, OH 43216-5010 Local Administrator: PMMEECL (614)692-2724 / FAX: (614)693-1551 E-mail: Douglas.McQuaide@dla.mil | | | | 7. ADMINISTERED BY (If other than 6) CODE SC0700 DEFENSE SUPPLY CENTER COLUMB DSCC-MEECL 614-692-2724 BOX 16704 (TRANS 614-692-2175) COLUMBUS OH 43216-5010 | | | | 8. DELIVERY FOB <input checked="" type="checkbox"/> DEST <input type="checkbox"/> OTHER <i>(See Schedule if other)</i> | | | |
| 9. CONTRACTOR CODE 4T958 RPM SUPPLY CORPORATION 5071 BRAND RD DUBLIN OH 43017-8514 | | | | FACILITY CODE | | 10. DELIVER TO FOB POINT BY (Date) (YYMMDD) 133 DAYS ADO | | 11. MARK IF BUSINESS IS <input 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 CODE See Schedule - Do Not Ship to Address in Block 6 | | | | 15. PAYMENT WILL BE MADE BY CODE S33181 S33181 DFAS COLUMBUS CENTER ATTN DFAS CO BVD/PCC/CC CONSTRUCTION 3990 E BROAD ST PO BOX 182317 COLUMBUS OH 43218-6203 | | | | MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER | | | |
| EFT: T | | | | | | | | | | | |

| | | | |
|---|----------|-------------------------------------|--|
| 16. TYPE OF ORDER | DELIVERY | <input checked="" type="checkbox"/> | This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. |
| | PURCHASE | <input type="checkbox"/> | |
| 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) |
| <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 |
|--------------|--|--------------------------------|----------|----------------|------------|
| | Remarks: ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT. | TOTAL: 18 | | | |

| | | | |
|--|---|---------------------------|--------------------------------|
| * 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 Laurie Gambert BY: <i>Laurie H. Gambert</i> | PMMILT10 | 25. TOTAL \$ 8450.46 |
| | | TING/ORDERING OFFICER NO. | 29. DIFFERENCE |
| | | | 30. INITIALS |

| | | | | | |
|--|--|--|--|---------------------------------|--|
| 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 | | 32. PAID BY <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL | | 33. AMOUNT VERIFIED CORRECT FOR | |
| DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____ | | 31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL | | 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. |
|-----------------|-------------------------|----------------------------|----------------------|------------------------|---------------------|

REFER TO BASIC CONTRACT FOR ALL APPLICABLE CLAUSES.

SECTION B

PR YPC03365000685
NSN 4320-01-283-0849

ITEM DESCRIPTION:

PLATE, WEAR, ROTARY PUMP.

"CLASS I OZONE DEPLETING CHEMICALS ARE NOT TO BE USED NOR INCORPORATED IN ANY ITEMS TO BE DELIVERED UNDER THIS CONTRACT. THIS PROHIBITION SUPERSEDES ALL SPECIFICATION REQUIREMENTS BUT DOES NOT ALLEVIATE ANY PRODUCT REQUIREMENTS. SUBSTITUTE CHEMICALS MUST BE SUBMITTED FOR APPROVAL UNLESS THEY ARE AUTHORIZED BY THE SPECIFICATION REQUIREMENTS."

CRITICAL APPLICATION ITEM

CRANE PUMPS& SYSTEMS INC (96046) P/N 082675

| <u>ITEM</u> | <u>PR</u> | <u>PRLI</u> | <u>QUANTITY</u> | <u>UNIT</u> | <u>UNIT PRICE</u> | <u>AMOUNT</u> |
|-------------|----------------|-------------|-----------------|-------------|-------------------|---------------|
| 0001 | YPC03365000685 | 0001 | 18 | EA | \$469.47000 | \$8450.46 |

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 = 32: CLNG/DRY = 1: PRESV MAT = 00:
WRAP MAT = 00: CUSH/DUNN MAT = 00: CUSH/DUNN THKNESS = 0:
UNIT CONT = XX: OPI = 0:
INTRMDTE CONT = 10: 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.'

CONTINUED ON NEXT PAGE

SECTION B

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 MAY 19

PARCEL POST ADDRESS:

SW3117
DEF DIST DEPOT NORFOLK VA
RECEIVING OFFICER DDNV PR
1968 GILBERT ST BLDG W143 DWY 9
NORFOLK VA 23512-0001

FREIGHT SHIPPING ADDRESS:

SW3117
DEF DIST DEPOT NORFOLK VA
RECEIVING OFFICER DDNV PR
1968 GILBERT ST BLDG 135 DWY 10
NORFOLK VA 23512-0001

NON-MILSTRIP
PROJ CI1

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REMIT PAYMENT TO:

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