

ORDER FOR SUPPLIES OR SERVICES

(Contractor must submit four copies of invoice.)

Form Approved
OMB No. 0704-0187
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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. SP0700-98-D-1008		2. DELIVERY ORDER NO. 3681		3. DATE OF ORDER (YYMMDD) 2002 MAY 07		4. REQUISITION/PURCH REQUEST NO. YPC02127000572		5. PRIORITY	
6. ISSUED BY DEFENSE SUPPLY CENTER COLUMBUS 3990 E. BROAD STREET P.O. BOX 16704 COLUMBUS, OH 43216-5010				7. ADMINISTERED BY (If other than 6) SC0700 DEFENSE SUPPLY CENTER COLUM ATTN DSCC-PLC BOX 16704 (TRANS 614-692-2175) COLUMBUS OH 43216-5010		8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER <i>(See Schedule if other)</i>			
9. CONTRACTOR KAYDON CORP 1571 LUKKEN INDUSTRIAL DR W LA GRANGE GA 30240-5756		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 I/A/W/ BASIC CONTRACT		13. MAIL INVOICES TO SEE BLOCK 15	
14. SHIP TO DO NOT SHIP TO ADDRESSES ON THIS PAGE SEE FOLLOWING PAGE SHIPPING ADDRESSES ARE SHOWN UNDER LINE ITEM		15. PAYMENT WILL BE MADE BY DFAS - COLUMBUS CENTER (DFAS) ATTN: DFAS CO TLS 3990 E BROAD ST COLUMBUS, OH 43218-2317		16. TYPE OF ORDER DELIVERY <input checked="" type="checkbox"/> PURCHASE <input type="checkbox"/>		17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE CG: 97X4930 5CC0 001 26.0 S33150		18. MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	
16. TYPE OF ORDER DELIVERY <input checked="" type="checkbox"/> PURCHASE <input 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. 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:	
18. ITEM NO.									
19. SCHEDULE OF SUPPLIES/SERVICE									
20. QUANTITY ORDERED/ACCEPTED*									
21. UNIT									
22. UNIT PRICE									
23. AMOUNT									
<p>Remarks: Terms and conditions are in accordance with Basic Contract.</p>									
* 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: POPS Auto Award				25. TOTAL \$ 159.36		29. DIFFERENCE	
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.		30. INITIALS		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		32. PAID BY		34. CHECK NUMBER		35. BILL OF LADING NO.	
36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____		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

P/N A910044 Manufacturer's CAGE - 53964

<u>ITEM</u>		<u>QTY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
7001	PR YPC02127000572 NSN 4330-01-190-3579	24	EA	6.64	159.36

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

DELIVERY FOB: ORIGIN BY: 2002 MAY 17

PARCEL POST ADDRESS:**FREIGHT ADDRESS:**

W36N0V
SR 782 CS BN CO B SARSS 1
2510 TAYLOR STREET
BLDG A 2530
FT BRAGG, NC 28310-5000

M/F: (TCN) W36N0V21230119B
RDD: 03-jun-02 PROJ:

FOR GOVERNMENT USE ONLY: 12
END OF AWARD