

# 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. <b>SP0900-04-D-9705</b>		2. DELIVERY ORDER NO. <b>4201</b>		3. DATE OF ORDER (YMMMDD) <b>2004 OCT 08</b>		4. REQUISITION/PURCH REQUEST NO. <b>W91ZKW42811264</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 BOX 16704 (TRANS 614-692-2175) COLUMBUS OH 43216-5010</b>		8. DELIVERY FOB <input checked="" type="checkbox"/> DEST <input type="checkbox"/> OTHER <i>(See Schedule if other)</i>			
9. CONTRACTOR <b>GROVE U S L L C 1565 BUCHANAN TRAIL EAST P.O. BOX 21 SHADY GROVE PA 17256-0021</b>		10. DELIVER TO FOB POINT BY (Date) (YMMMDD)		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>S33184 DFAS - COLUMBUS CENTER ATTN DFAS CO BVDPC/CC ELECTRONICS 3990 E BROAD ST PO BOX 182317 COLUMBUS OH 43218-6205</b>		16. TYPE OF ORDER DELIVERY <input checked="" type="checkbox"/> PURCHASE <input type="checkbox"/>		17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE <b>CG: 97X4930 5CE0 001 26.0 S33150</b>		18. MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	

16. TYPE OF ORDER: DELIVERY  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.  
**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 (YMMMDD) \_\_\_\_\_  
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 5CE0 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:</b> <b>Terms and conditions are in accordance with Basic Contract.</b>  <b>Vendor's copy was sent EDI.</b> <b>Do not duplicate shipment.</b>				

24. UNITED STATES OF AMERICA  
BY: **EPPI Auto Award** CONTRACTING/ORDERING OFFICER  
25. TOTAL \$ **1680.21**  
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 DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____		27. SHIP. NO. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		28. D.O. VOUCHER NO.		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		33. AMOUNT VERIFIED CORRECT FOR	
37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YMMMDD)		40. TOTAL CONTAINERS	
				41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.	

33. AMOUNT VERIFIED CORRECT FOR  
34. CHECK NUMBER  
35. BILL OF LADING NO.

## SECTION B

ITEM DESCRIPTION NOT INCLUDED

MILSTRIP REQUIRED DELIVERY DATE 310

P/N 6872001422 Manufacturer's CAGE - 7M196

<u>ITEM</u>		<u>QTY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001	PR W91ZKW42811264 NSN 5930-01-363-4605	7	EA	240.03	1680.21

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

DELIVERY FOB: DESTINATION BY: 2004 OCT 13

**PARCEL POST ADDRESS:**

SR 0452 QM CO SUPPLY DIR SPT  
OPERATION ENDURING FREEDOM  
AWCF SSF  
09378, AR AE

**FREIGHT ADDRESS:**

W91ZKW  
SR 0452 QM CO SUPPLY DIR SPT  
OEF AWCF SSF  
TAJI AB  
TAJI IQ

M/F: (TCN) W91ZKW42811264  
RDD: 05-NOV-04 PROJ: 9GJ  
PRIORITY: 12

END OF AWARD