

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. SP0740-03-V-2382		2. DELIVERY ORDER NO.		3. DATE OF ORDER (YYMMDD) 2002 NOV 09		4. REQUISITION/PURCH REQUEST NO. YPC02271000039		5. PRIORITY DOA2	
6. ISSUED BY Defense Supply Center Columbus 3990 E. Broad St. P.O. Box 16704 Columbus, OH 43216-5010 Local Administrator: PAABCAS (614)692-2068 / FAX: (614)693-1679 E-mail: Patricia_Delzell@dsc.dla.mil				7. ADMINISTERED BY (If other than 6) DCMA PHILADELPHIA P O BOX 11427 (215) 737-3402 PHILADELPHIA PA 19111-0427 CRITICALITY: A				8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER (See Schedule if other)	
9. CONTRACTOR NAME AND ADDRESS TRIMAN INDUSTRIES INC 1042 INDUSTRIAL DRIVE WEST BERLIN NJ 08091-9164 Vendor's Copy was sent EDI. Do not Duplicate shipment.				FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) 65 DAYS ADO		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED	
14. SHIP TO See Schedule - Do Not Ship to Address in Block 6 FMS Requirement				15. PAYMENT WILL BE MADE BY ATTN DFAS CO BVDPC/CC CONSTRUCTIO 3990 E BROAD ST PO BOX 182317 COLUMBUS OH 43218-6203 EFT: T				12. DISCOUNT TERMS 00.500% 10 days, NET 30 days	
13. MAIL INVOICES TO See Block 15				15. PAYMENT WILL BE MADE BY CODE S33181		13. MAIL INVOICES TO See Block 15		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	

16. TYPE OF ORDER	DELIVERY	<input checked="" 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 offer dated 2002 NOV 05 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: 2			

* 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 Alan Searfoss PBBT004		25. TOTAL \$ 7328.56	
BY: 		TRACTING/ORDERING OFFICER		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		32. PAID BY		30. INITIALS	
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____		<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		33. AMOUNT VERIFIED CORRECT FOR	
36. I certify this account is correct and proper for payment.		31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		34. CHECK NUMBER	
DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____		32. PAID BY		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

PR YPC02271000039
 NSN 4440-01-116-6177

ITEM DESCRIPTION:

VALVE ASSEMBLY, PENUMATIC.
 ACTUAL MFG HSC CONTROLS INC CAGE 53541
 P/N 100243-1.
 HONEYWELL INTL INC. (07187) P/N 4034452-1
 H S C CONTROLS INC (53541) P/N 100243-1

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001	YPC02271000039	0001	2	EA	\$3664.28000	\$7328.56

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

PREP FOR DELIVERY

PKGING DATA - MIL-STD-2073-1D, 15 DEC 1999
 QUP = 001: PRES MTHD = AE: CLNG/DRY = 1: PRESV MAT = 00:
 WRAP MAT = XX: CUSH/DUNN MAT = XX: CUSH/DUNN THKNESS = X:
 UNIT CONT = D3: OPI = O:
 PACK CODE = Q: PACKING LEVEL = B:
 MARKING SHALL BE IN ACCORDANCE WITH MIL-STD-129.
 SPECIAL MARKING CODE: 00 - NO SPECIAL MARKING.
 PALLETIZATION SHALL BE IN ACCORDANCE WITH DC1636P001 REV D
 DATED 1277

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

DELIVER FOB: ORIGIN BY: 2003 JAN 13

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SECTION B

PARCEL POST ADDRESS:

FMS REQ'T

CONTACT TRANS OFFICE AT ADMIN OFF PRIOR TO SHIPMENT

M/F: (TCN) DTKA5V22690393 XXX

CONTACT TRANS OFFICE AT ADMIN OFFICE PRIOR TO SHIPMENT

PROJ TP 1

SUP ADD DA2KCP SIG L

FOR GOVERNMENT USE ONLY: IPD 03

DIC A31 DIST N01 ADV FC NL

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REMIT PAYMENT TO:

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CONTINUATION SHEET

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THE PURCHASE ORDER CLAUSES ARE APPLICABLE AS INDICATED IN THE DSCC MASTER SOLICITATION FOR AUTOMATED SOLICITATIONS AND RESULTING AWARDS REVISION 10 FOUND ON THE DSCC WEB SITE AT <http://dibbs.dsccols.com/refs/provclauses/>