

# ORDER FOR SUPPLIES OR SERVICES

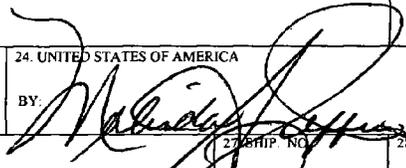
(Contractor must submit four copies of invoice.)

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

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**5**

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>SP0740-01-D-9726</b>		2. DELIVERY ORDER NO. <b>0349</b>		3. DATE OF ORDER (YYMMDD) <b>2004 AUG 12</b>		4. REQUISITION/PURCH REQUEST NO. <b>YPC04208000783</b>		5. PRIORITY <b>DOA1</b>		
6. ISSUED BY Defense Supply Center Columbus P.O. Box 3990 Columbus, OH 43218-3990 Local Administrator: PAABB0Q (614)692-3799 / FAX: (614)692-1238 E-mail: Myrtice.Gray@dla.mil				7. ADMINISTERED BY (If other than 6) DCMC SANTA ANA 34 CIVIC CENTER PLAZA ROOM 813A SANTA ANA, CA 92701-4056 <b>CRITICALITY: B</b>		8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER <small>(See Schedule if other)</small>				
9. CONTRACTOR NAME AND ADDRESS <b>PARKER HANNIFIN CUSTOMER SUPPORT INC. 14300 ALTON PARKWAY IRVINE CA 92618-1814 Vendor's Copy was sent EDI. Do not Duplicate shipment.</b>		CODE <b>59211</b>		FACILITY CODE <b>49695</b>		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) <b>See Schedule</b>		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED		
12. DISCOUNT TERMS <b>00.500% 15 days, NET 30 days</b>		13. MAIL INVOICES TO <b>See Block 15</b>		14. SHIP TO See Schedule - Do Not Ship to Address in Block 6		15. PAYMENT WILL BE MADE BY 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		
16. DELIVERY TYPE OF ORDER <input checked="" type="checkbox"/> DELIVERY <input 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 _____ and furnish the following on terms specified herein. <b>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.</b>								
NAME OF CONTRACTOR <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:		SIGNATURE		TYPED NAME AND TITLE		DATE SIGNED (YYMMDD)				
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE <b>CG: 97X4930 SCC0 001 26.0 S33150</b>										
18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT					
	<b>Remarks: ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.</b>	<b>TOTAL: 22</b>								
* 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 <b>\$ 51095.88</b>		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.		28. D.O. VOUCHER NO.		30. INITIALS		33. AMOUNT VERIFIED CORRECT FOR		
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____		<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 _____		<input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		31. PAYMENT		37. RECEIVED AT		38. RECEIVED BY (Print)		
39. DATE RECEIVED (YYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.				

## Manufacture Facilities:

49695

PARKER HANNIFIN CORPORATION  
DBA CUSTOMER SUPPORT OPERATIONS DIV  
2010 WALDREP INDUSTRIAL BOULEVARD  
DUBLIN GA 31021-2630

## Supplies and Packaging - Inspection and Acceptance Address:

49695

PARKER HANNIFIN CORPORATION  
DBA CUSTOMER SUPPORT OPERATIONS DIV  
2010 WALDREP INDUSTRIAL BOULEVARD  
DUBLIN GA 31021-2630

## Admin Office for Supplies and Packaging:

S1103A

S1103A DCMA ATLANTA  
2300 LAKE PARK DRIVE  
SUITE 300  
SMYRNA GA 30080

## SECTION B

PR YPC04208000783  
NSN 4320-00-471-1383

## ITEM DESCRIPTION:

MOTOR-PUMP (TORQUE MOTOR & ADAPTER PLATE).  
USED ON ABEX PUMPS P/N 65013 AND 65055.

DLAD CLAUSE 52.246-9004, PRODUCT VERIFICATION  
TESTING, IS HEREBY INCORPORATED, AND MAY BE  
INVOKED AT THE DISCRETION OF THE PROCUREMENT  
ACTIVITY.

## CRITICAL APPLICATION ITEM

PARKER HANNIFIN CORPORATION (93835) P/N 71973

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001AA	YPC04208000783	0001	10	EA	\$2322.54000	\$23225.40
QTY VARIANCE: PLUS 0% MINUS 10%						
INSPECTION POINT: ORIGIN						
ACCEPTANCE POINT: ORIGIN						
DELIVERY FOB: ORIGIN BY: 2005 AUG 07						

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001AB	YPC04208000783	0001	10	EA	\$2322.54000	\$23225.40
QTY VARIANCE: PLUS 0% MINUS 10%						
INSPECTION POINT: ORIGIN						
ACCEPTANCE POINT: ORIGIN						
DELIVERY FOB: ORIGIN BY: 2005 SEP 06						

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001AC	YPC04208000783	0001	2	EA	\$2322.54000	\$4645.08
QTY VARIANCE: PLUS 0% MINUS 10%						
INSPECTION POINT: ORIGIN						
ACCEPTANCE POINT: ORIGIN						
DELIVERY FOB: ORIGIN BY: 2005 OCT 06						

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## SECTION B

PREP FOR DELIVERY

PKGING DATA - MIL-STD-2073-1D, 15 DEC 1999

QUP = 001: PRES MTHD = BL: CLNG/DRY = 1: PRESV MAT = 49:  
WRAP MAT = XX: CUSH/DUNN MAT = XX: CUSH/DUNN THKNSS = X:  
UNIT CONT = E5: OPI = O:  
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

For all shipments of packaged materiel to the government, which includes either depot (DLA-direct) or DVD (customer-direct) shipments, both DoD linear and 2-D bar code markings are required on military shipping labels in accordance with MIL-STD-129, revision P, dated December 15, 2002. 2-D bar coding shall be in accordance with ISO/IEC 15438, ISO/IEC 15434 (ANSI MH10.8.3) and DoD 4500.9-R. MSL linear (code 3 of 9 or code 39) bar coding shall be in accordance with ISO/IEC 16388. MSL label stock quality shall meet MIL-PRF-61002. MSL bar code print quality shall meet ANSI MH10.8-2000 or ANSI X3.182-1990 (R2000) for applicable 2-D and/or linear bar codes. All DVD shipments shall meet additional linear bar coding requirements in DLAD 52.211-9008. When the contract/order omits any data element required to be bar-coded, the field shall be zero-filled. These requirements do not apply to delivery orders when the basic contract has not been modified to require MIL-STD-129P. If there are inconsistencies between the schedule and MIL-STD-129P, the schedule takes precedence.

PARCEL POST ADDRESS:

SW3113  
DEF DIST DEPOT CHERRY POINT NC  
PSC 8020  
CUNNINGHAM ST BLDG 159 RM 217  
CHERRY POINT NC 28533-0020

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SECTION B

FREIGHT SHIPPING ADDRESS:

SW3113  
DEF DIST DEPOT CHERRY POINT NC  
LANGLEY RD BLDG 147 BAY A  
CHERRY POINT NC 28533-5040

NON-MILSTRIP  
PROJ

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REMIT PAYMENT TO:

PARKER HANNIFIN CORP  
CUSTOMER SUPPORT OPERATIONS  
7969 COLLECTION CENTER DRIVE  
CHICAGO IL 60693

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