

# 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>SP0750-03-V-X176</b>		2. DELIVERY ORDER NO.		3. DATE OF ORDER (YYMMDD) <b>2003 AUG 18</b>		4. REQUISITION/PURCH REQUEST NO. <b>YPC03212000304</b>		5. PRIORITY <b>DOA3</b>	
6. ISSUED BY Defense Supply Center Columbus 3990 E. Broad St. P.O. Box 16704 Columbus, OH 43216-5010 Local Administrator: PLLXCBH (614)692-4389 / FAX: (614)693-1577 E-mail: Michael.Steurer@dla.mil				CODE <b>SP0700</b>		7. ADMINISTERED BY (If other than 6) DCMA VIRGINIA 10500 BATTLEVIEW PKWY SUITE 200 MANASSAS, VA 20109-2342 CRITICALITY: C			
9. CONTRACTOR  NAME AND ADDRESS  <b>MAC AEROSPACE CORPORATION 14301-I SULLYFIELD CIRCLE CHANTILLY VA 20151-1630</b>		CODE <b>OLGT4</b>		FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) <b>135 DAYS ADO</b>		11. MARK IF BUSINESS IS <input checked="" type="checkbox"/> DEST <input type="checkbox"/> OTHER (See Schedule if other)	
						12. DISCOUNT TERMS <b>NET 30 days</b>		<input checked="" type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED	
						13. MAIL INVOICES TO <b>See Block 15</b>			
14. SHIP TO  See Schedule - Do Not Ship to Address in Block 6				CODE		15. PAYMENT WILL BE MADE BY ATTN DFAS CO BVPDCC/CC CONSTRUCTIO 3990 E BROAD ST PO BOX 182317 COLUMBUS OH 43218-6203 EFT: T			
						CODE <b>S33181</b>		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 <b>offer dated 2003 AUG 13, 308G009</b> 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
	<b>Remarks: ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.</b>	<b>TOTAL: 288</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 <b>Alan Searfoss</b> BY:		PBBT004	25. TOTAL <b>\$ 7822.08</b>
26. QUANTITY IN COLUMN 20 HAS BEEN		32. PAID BY		29. DIFFERENCE	
<input type="checkbox"/> INSPECTED	<input type="checkbox"/> RECEIVED	<input type="checkbox"/> PARTIAL	<input type="checkbox"/> FINAL	30. INITIALS	
ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED				33. AMOUNT VERIFIED CORRECT FOR	
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____		31. PAYMENT		34. CHECK NUMBER	
36. I certify this account is correct and proper for payment.		<input type="checkbox"/> COMPLETE		35. BILL OF LADING NO.	
DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____		<input type="checkbox"/> PARTIAL			
		<input type="checkbox"/> FINAL			
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 YPC03212000304  
NSN 2990-00-104-2836

## ITEM DESCRIPTION:

PIPE, EXHAUST. USED ON: MDL M36 1/2 TON GAS TRUCK. COLOR WILL BE GREEN 383, FED-STD-595 COLOR NO. 34094.

IF AQLS ARE LISTED IN THE SPECIFICATION(S) OR DRAWING(S) THEY MAY BE USED TO ESTABLISH THE AUTHORIZED SAMPLE SIZE, HOWEVER, THE ACCEPTANCE NUMBER FOR THIS CONTRACT IS ZERO; I.E., THIS CONTRACT REQUIRES A SAMPLING PLAN THAT ACCEPTS ON ZERO DEFECTS AND REJECTS ON ONE OR MORE DEFECT(S).

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"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."

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

I/A/W DRAWING NR 19207 11609354  
REFNO DTD 67 JAN 20  
AMEND NR L DTD 91 JAN 19  
TYPE NUMBER: 11609354-1  
"DETAILED DRAWING (ONE ITEM)"

I/A/W DRAWING NR 19207 11677091  
BASIC DTD 72 JAN 06  
AMEND NR A DTD 84 MAY 18  
TYPE NUMBER:  
"DETAILED DRAWING (ONE ITEM)"

I/A/W DRAWING NR 19207 11677091  
REFNO DTD 72 JAN 19  
AMEND NR A DTD 84 JUN 01  
TYPE NUMBER:  
SUPPLEMENTARY QUALITY ASSURANCE PROVISIONS (SQAP) OR QUALITY ASSURANCE PROVISIONS (QAP)

CONTINUED ON NEXT PAGE

## SECTION B

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001	YPC03212000304	0001	288	EA	\$27.16000	\$7822.08

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 = 10: CLNG/DRY = 1: PRESV MAT = 00:  
 WRAP MAT = 00: CUSH/DUNN MAT = JC: CUSH/DUNN THKNSS = X:  
 UNIT CONT = E5: OPI = 0:  
 INTRMDTE CONT = DO: 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

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: 2003 DEC 31

PARCEL POST ADDRESS:

W25G1U  
 XU TRANSPORTATION OFFICER  
 DDSP NEW CUMBERLAND FACILITY  
 BUILDING MISSION DOOR 113 134  
 NEW CUMBERLAND PA 17070-5001

FREIGHT SHIPPING ADDRESS:

W25G1U  
 TRANSPORTATION OFFICER  
 DDSP NEW CUMBERLAND FACILITY  
 BUILDING MISSION DOOR 113-134  
 NEW CUMBERLAND PA 17070-5001

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SECTION B

NON-MILSTRIP  
PROJ NO3

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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 12 FOUND ON THE DSCC WEB SITE AT  
<http://dibbs.dsc.dla.mil/refs/provclauses/>