

# 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.<br><b>SP0700-00-D-9727</b>  |  | 2. DELIVERY ORDER NO.<br><b>2566</b>  |  | 3. DATE OF ORDER (YYMMDD)<br><b>2004 AUG 20</b>   |  | 4. REQUISITION/PURCH REQUEST NO.<br><b>YPC04233000683</b>   |  | 5. PRIORITY  |  |
| 6. ISSUED BY<br><b>DEFENSE SUPPLY CENTER COLUMBUS<br/>P.O. Box 3990<br/>Columbus, OH 43218-3990</b>                                     |  |   |  | 7. ADMINISTERED BY (If other than 6)<br><b>SC0700 DEFENSE SUPPLY CNTR COLUMBUS<br/>ATTN DSCC-PLS<br/>PO BOX 3990 (TRANS 1-800-456-5507)<br/>COLUMBUS, OH 43218-3990</b> |  | 8. DELIVERY FOB<br><input checked="" type="checkbox"/> DEST<br><input type="checkbox"/> OTHER<br><i>(See Schedule if other)</i> |  |  |  |
| 9. CONTRACTOR<br><b>LESLIE CONTROLS INC.<br/>12501 TELECOM DRIVE<br/>TAMPA FL 33637-0906</b>  |  | 10. DELIVER TO FOB POINT BY (Date) (YYMMDD)   |  | 11. MARK IF BUSINESS IS   |  | 12. DISCOUNT TERMS<br><b>I/A/W/ BASIC CONTRACT</b>  |  | 13. MAIL INVOICES TO<br><b>SEE BLOCK 15</b>                    |  |
| 14. SHIP TO<br><b>DO NOT SHIP TO ADDRESSES ON THIS PAGE<br/>SEE FOLLOWING PAGE<br/>SHIPPING ADDRESSES ARE SHOWN UNDER LINE<br/>ITEM</b> |  | 15. PAYMENT WILL BE MADE BY<br><b>DFAS COLUMBUS CENTER<br/>ATTN DFAS CO BVDPC/CC CONSTRUCTION<br/>3990 E BROAD ST PO BOX 182317<br/>FAS CUSTOMER SERVICE 1-800-756-4571<br/>COLUMBUS, OH 43218-3990</b> |  | 16. TYPE OF ORDER<br>DELIVERY <input checked="" type="checkbox"/> PURCHASE <input type="checkbox"/>   |  | 17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE<br><b>CG: 97X4930 5CC0 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 (YYMMDD) \_\_\_\_\_  
 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:</b><br><b>Terms and conditions are in accordance with Basic Contract.</b><br><br><b>Vendor's copy was sent EDI.</b><br><b>Do not duplicate shipment.</b> |                                |          |                |            |

24. UNITED STATES OF AMERICA  
BY: **POPS Auto Award** CONTRACTING/ORDERING OFFICER

|  |  |  |  |                      |  |                                 |  |
|--|--|--|--|----------------------|--|---------------------------------|--|
| 26. QUANTITY IN COLUMN 20 HAS BEEN<br><input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED |  | 27. SHIP. NO.<br><input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL                                 |  | 28. D.O. VOUCHER NO. |  | 25. TOTAL<br><b>\$ 1394.16</b>  |  |
| DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____   |  | 31. PAYMENT<br><input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL |  | 32. PAID BY          |  | 29. DIFFERENCE                  |  |
| 36. I certify this account is correct and proper for payment.<br>DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____  |  |  |  |                      |  | 30. INITIALS                    |  |
|  |  |  |  |                      |  | 33. AMOUNT VERIFIED CORRECT FOR |  |
|  |  |  |  |                      |  | 34. CHECK NUMBER                |  |
|  |  |  |  |                      |  | 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

ITEM DESCRIPTION NOT INCLUDED

Admin Location Code LPL  
Required Delivery Date 205  
6146927347 Post Award Administrator DIANE HULETT

P/N N616175358 Manufacturer's CAGE - 35795

| <u>ITEM</u> |   | <u>QTY</u> | <u>UNIT</u> | <u>UNIT PRICE</u> | <u>AMOUNT</u> |
|-------------|---|------------|-------------|-------------------|---------------|
| 7101        | PR YPC04233000683<br>NSN 4820-01-061-7541 | 1          | EA          | 1394.16           | 1394.16       |

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

DELIVERY FOB: DESTINATION BY: 2004 DEC 18

**PARCEL POST ADDRESS:**

PORTSMOUTH NAVAL SHIPYARD  
RECEIVING OFFICER  
CODE 515 BUILDING 170  
PORTSMOUTH NH 038045000

**FREIGHT ADDRESS:**

N00102  
RECEIVING OFFICER  
PORTSMOUTH NAVAL SHIPYARD  
BUILDING 170  
KITTEERY, ME 03904-5000

M/F: (TCN) N0010241961925  
PRIORITY: 06

END OF AWARD