

# ORDER FOR SUPPLIES OR SERVICES

(Contractor must submit four copies of invoice.)

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

PAGE 1 OF  
**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>0198</b>		3. DATE OF ORDER (YYMMDD) <b>2003 SEP 23</b>		4. REQUISITION/PURCH REQUEST NO. <b>YPC03260000596</b>		5. PRIORITY <b>DOA1</b>			
6. ISSUED BY <b>Defense Supply Center Columbus 3990 E. Broad St. P.O. Box 16704 Columbus, OH 43216-5010 Local Administrator: PAABCAD (614)692-1407 / FAX: (614)692-6292 E-mail: Michael.Theado@dla.mil</b>			CODE <b>SP0700</b>		7. ADMINISTERED BY (If other than 6) <b>DCMC SANTA ANA 34 CIVIC CENTER PLAZA ROOM 813A SANTA ANA, CA 92701-4056</b>			CODE <b>S0513A</b>		8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER <small>(See Schedule if other)</small>	
9. CONTRACTOR <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>93835</b>		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) <b>430 DAYS ARO</b>		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED		
NAME AND ADDRESS							12. DISCOUNT TERMS <b>00.500% 15 days, NET 30 days</b>		13. MAIL INVOICES TO <b>See Block 15</b>		
14. SHIP TO <b>See Schedule - Do Not Ship to Address in Block 6</b>			CODE		15. PAYMENT WILL BE MADE BY <b>ATTN DFAS CO BVDPPCC/CC CONSTRUCTIO 3990 E BROAD ST PO BOX 182317 COLUMBUS OH 43218-6203</b>			CODE <b>S33181</b>		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	

16. DELIVERY <input checked="" type="checkbox"/>		This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.	
TYPE OF ORDER		Reference your _____ and furnish the following on terms specified herein.	
PURCHASE		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: 25</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: <i>Allyne Mallett</i> CONTRACTING/ORDERING OFFICER		25. TOTAL \$ <b>44646.50</b>	
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. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		28. D.O. VOUCHER NO.	
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____		31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY	
36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____		33. AMOUNT VERIFIED CORRECT FOR		34. CHECK NUMBER	
37. RECEIVED AT		38. RECEIVED BY (Print)		35. BILL OF LADING NO.	
39. DATE RECEIVED (YYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER	
				42. S/R VOUCHER NO.	

## Manufacture Facilities:

93835

PARKER HANNIFIN CORPORATION  
DIV ABEX NWL DIVISION  
2220 PALMER AVE  
KALAMAZOO MI 49001-4165

## Supplies - Inspection and Acceptance Address:

93835

PARKER HANNIFIN CORPORATION  
DIV ABEX NWL DIVISION  
2220 PALMER AVE  
KALAMAZOO MI 49001-4165

## Packaging - Inspection and Acceptance Address:

2N095

UNIQUE INDUSTRIAL PACKAGING  
1975 WALDORF ST NW STE B  
GRAND RAPIDS MI 49544-1435

## Admin Office for Supplies and Packaging:

S2303A

S2303A DCMA GRAND RAPIDS  
RIVERVIEW CTR BLDG  
678 FRONT AVE NW  
GRAND RAPIDS MI 49504-5352

## SECTION B

PR YPC03260000596  
NSN 4320-00-083-1280

## ITEM DESCRIPTION:

VALVE HEAD, HYDRAULIC MOTOR-PUMP. USED ON  
ABEX MODEL AP6VSC-5 HYDRAULIC PUMP.  
END ITEM A-6 INTRUDER AIRCRAFT.

"ASO/NAVSEA/AVSCOM CRITICAL ITEM"

THE INTERNATIONAL ORGANIZATION FOR  
STANDARDIZATION (ISO) 9002 OR A "TAILORED"  
PROGRAM MEETING THE FOLLOWING ISO 9002  
PARAGRAPHS APPLIES:

4.5, DOCUMENT CONTROL: LIMITED TO INSPECTION  
AND TESTING AS WELL AS APPLICABLE DRAWINGS,  
SPECIFICATIONS AND INSTRUCTIONS REQUIRED BY  
CONTRACT  
4.6, PURCHASING: 4.6.1 AND LIMITED TO 4.6.2 A)  
AND 4.6.4.2, ALL OTHER PARTS OF PARAGRAPH  
ARE HEREBY DELETED  
4.7, CUSTOMER-SUPPLIED PRODUCT:  
4.8, PRODUCT IDENTIFICATION & TRACEABILITY:  
4.10, INSPECTION & TESTING:  
4.11, INSPECTION, MEASURING & TEST EQUIPMENT:  
4.12, INSPECTION AND TEST STATUS:  
4.13, CONTROL OF NONCONFORMING PRODUCT:  
4.14, CORRECTIVE AND PREVENTIVE ACTION:  
PARAGRAPH 4.14.3 APPLY TO PRODUCT ONLY  
4.16, QUALITY RECORDS:  
FAR CLAUSE 52.246-11 APPLIES

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

PARKER HANNIFIN CORPORATION (93835) P/N 51818

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	YPC03260000596	0001	25	EA	\$1785.86000	\$44646.50

QTY VARIANCE: PLUS 0% MINUS 10%  
 INSPECTION POINT: ORIGIN  
 ACCEPTANCE POINT: ORIGIN

PREP FOR DELIVERY

PKGING DATA - MIL-STD-2073-1D, 15 DEC 1999  
 QUP = 001: PRES MTHD = 20: CLNG/DRY = 1: PRESV MAT = 15:  
 WRAP MAT = GB: CUSH/DUNN MAT = XX: CUSH/DUNN THKNSS = X:  
 UNIT CONT = D3: OPI = M:  
 INTRMDTE CONT = EC: 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: ORIGIN BY: 2004 NOV 26

PARCEL POST/FREIGHT ADDRESS:

SW3122  
 DEF DIST DEPOT JACKSONVILLE  
 BLDG 175 SWAN ROAD  
 NAS JACKSONVILLE FL 32212-0103

NON-MILSTRIP  
PROJ

\*\*\*\*\*

CONTINUED ON NEXT PAGE

SECTION B

REMIT PAYMENT TO:

PARKER HANNIFIN  
CUSTOMER SUPPORT MILITARY DIV  
P O BOX 75791  
CHARLOTTE NC 28275

\*\*\*\*\*