

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. SP0900-04-M-V978		2. DELIVERY ORDER NO.		3. DATE OF ORDER (YYMMDD) 2004 FEB 26		4. REQUISITION/PURCH REQUEST NO. YPE04037000323		5. PRIORITY DOA7	
6. ISSUED BY CODE SP0900 Defense Supply Center Columbus 3990 E. Broad St. P.O. Box 16704 Columbus, OH 43216-5010 Local Administrator: PCCCK00 (614)692-8553 / FAX: (614)692-6931 E-mail: Joanne.Bogner@dla.mil				7. ADMINISTERED BY (If other than 6) CODE SP0900 DEFENSE SUPPLY CENTER COLUMB 3990 E. BROAD ST, P O BOX 16704 COLUMBUS, OHIO 43216-5010 CRITICALITY: C				8. DELIVERY FOB <input checked="" type="checkbox"/> DEST <input type="checkbox"/> OTHER <i>(See Schedule if other)</i>	
9. CONTRACTOR CODE 11707 IDEAL PRECISION METER INC 5816 CREEDMOOR RD RALEIGH NC 27612-2310				FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) 30 DAYS ADO		11. MARK IF BUSINESS IS <input checked="" type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED	
NAME AND ADDRESS				12. DISCOUNT TERMS NET 30 days		13. MAIL INVOICES TO See Block 15			
14. SHIP TO CODE See Schedule - Do Not Ship to Address in Block 6				15. PAYMENT WILL BE MADE BY CODE S33184 S33184 DFAS - COLUMBUS CENTER ATTN DFAS CO BVDPCC/CC ELECTRONICS 3990 E BROAD ST PO BOX 182317 COLUMBUS OH 43218-6205 EFT: T				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 2004 FEB 09 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

EG: 97X4930 5CE0 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: 449			

* 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 Barbara Stuart PCCHX98		25. TOTAL \$ 12123.00	
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		BY:		29. DIFFERENCE	
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____		TRACTING/ORDERING OFFICER NUMBER NO. _____		30. INITIALS	
36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____		32. PAID BY <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		33. AMOUNT VERIFIED CORRECT FOR	
		31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		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

PR YPE04037000323
NSN 6625-00-054-2038

ITEM DESCRIPTION:

METER,ELECTRICAL FR

IF THE APPLICABLE (OEM OR MILITARY) DRAWING, SPECIFICATION, STANDARD, OR QUALITY ASSURANCE PROVISION (QAP) SPECIFIES AN ACCEPTABLE QUALITY LEVEL (AQL). THE SAMPLING ACCEPTANCE NUMBER SHALL BE REDUCED TO ZERO (0). FOR EXAMPLE IF THE ACCEPT REJECT CRITERIA IS ACCEPT ON (3) DEFECTS AND REJECT ON (4) DEFECTS. THE NEW ACCEPT REJECT CRITERIA IS ACCEPT ON (0) DEFECTS AND REJECT THE ENTIRE LOT ON (1) DEFECT. EVEN THOUGH THE ACCEPTANCE LEVEL IS ELIMINATED, THE SAMPLE SIZE REMAINS THE SAME.

NOTE: THE CITED DRAWING IS A SOURCE CONTROLLED DRAWING AND AS OF THE DATE OF THIS SOLICITATION ONLY THE SOURCE(S) CITED ON THE DRAWING HAVE BEEN APPROVED. EVEN THOUGH SOURCES AND APPROVED PART NUMBERS ARE PROVIDED, THE ITEMS FURNISHED MUST MEET THE REQUIREMENTS OF THE CITED DRAWING. OFFERORS WHO ARE INTERESTED IN QUALIFYING THEIR PRODUCT FOR PURPOSE OF FUTURE ACQUISITION MUST CONTACT THE COGNIZANT DESIGN ACTIVITY SPECIFIED ON THE SOURCE CONTROLLED DRAWING. ALSO, MAY INCLUDE ADDITIONAL APPROVED SOURCES THAT HAVE NOT BEEN REFLECTED ON THE DRAWING AT THIS TIME.

CRITICAL APPLICATION ITEM

MFG SOURCE: IDEAL PRECISION METER INC (11707) P/N 26-5772

I/A/W DRAWING NR 97403 13211E6992

BASIC DTD 64 JUL 27 AMEND NR P DTD 86 MAY 20
TYPE NUMBER: 13211E6992-1 SOURCE CONTROL

I/A/W SPEC NR SOURCE CONTROLLED ITEM

BASIC DTD 03 OCT 08 AMEND NR DTD TYPE NUMBER:

THE TECHNICAL/QUALITY/TEST REQUIREMENTS FOR ABOVE P/N WILL BE IN CONFORMANCE WITH THE LISTED DRAWING.

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001	YPE04037000323	0001	285	EA	\$27.00000	\$7695.00

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

CONTINUED ON NEXT PAGE

SECTION B

PREP FOR DELIVERY

PKGING DATA - MIL-STD-2073-1D, 15 DEC 1999 QUP = 001: PRES MTHD = 41:
CLNG/DRY = 1: PRESV MAT = 00: WRAP MAT = 00: CUSH/DUNN MAT = NA: CUSH/DUNN
THKNESS = X: UNIT CONT = D3: OPI = O: 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.

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: 2004 MAR 27

PARCEL POST ADDRESS:

W62G2T
XU DEF DIST DEPOT SAN JOAQUIN
TRANSPORTATION OFFICER
PO BOX 960001
STOCKTON CA 95296-0130

FREIGHT SHIPPING ADDRESS:

W62G2T
XU DEF DIST DEPOT SAN JOAQUIN
25600 S CHRISMAN ROAD
REC WHSE 10 PH 209 839 4307
TRACY CA 95376-5000

NON-MILSTRIP
PROJ

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<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0002	YPE04037000323	0002	164	EA	\$27.00000	\$4428.00

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

CONTINUED ON NEXT PAGE

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PREP FOR DELIVERY

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REVISION) MARKING AND BAR CODING IN ACCORDANCE WITH AIM BC1.

DELIVER FOB: DESTINATION BY: 2004 MAR 27

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

NON-MILSTRIP
PROJ

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REMIT PAYMENT TO:

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CONTINUED ON NEXT PAGE

CONTINUATION SHEET

Order Number:

SP0900-04-M-V978

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THE PURCHASE ORDER CLAUSES ARE APPLICABLE AS INDICATED IN THE
DSCC MASTER SOLICITATION FOR AUTOMATED SOLICITATIONS AND
RESULTING AWARDS REVISION 14 FOUND ON THE DSCC WEB SITE AT
<http://dibbs.dsc.dla.mil/refs/provclauses/>