

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. N00383-02-G-003H		2. DELIVERY ORDER NO. UBJ7		3. DATE OF ORDER (YYMMDD) 2004 JAN 26		4. REQUISITION/PURCH REQUEST NO. See Schedule		5. PRIORITY DOA1		
6. ISSUED BY 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			CODE SP0700		7. ADMINISTERED BY (If other than 6) DCMC SANTA ANA 34 CIVIC CENTER PLAZA ROOM 813A SANTA ANA, CA 92701-4056			CODE S0513A		8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER <i>(See Schedule if other)</i>
9. CONTRACTOR NAME AND ADDRESS PARKER HANNIFIN CUSTOMER SUPPORT INC. 14300 ALTON PARKWAY IRVINE CA 92618-1814 Vendor's Copy was sent EDI. Do not Duplicate shipment.		CODE 59211		FACILITY CODE 26055		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) 180 DAYS ADO		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED		
						12. DISCOUNT TERMS NET 30 days		13. MAIL INVOICES TO See Block 15		
14. SHIP TO See Schedule - Do Not Ship to Address in Block 6			CODE		15. PAYMENT WILL BE MADE BY HQ0339			CODE HQ0339		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER
										HQ0339 DFAS COLUMBUS CENTER WEST ENTITLEMENT OPERATIONS P O BOX 182381 COLUMBUS OH 43218-2381 EFT: T

16. TYPE OF ORDER	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. Reference your offer dated 2003 NOV 26, M2003117482 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.
	PURCHASE		

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 SCC0 001 26.0 S33150

18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
	Remarks: CONFIRMING ORDER -- DO NOT DUPLICATE ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.	TOTAL: 50			

* 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>Mary Satman</i> CONTRACTING/ORDERING OFFICER		25. TOTAL \$ 4354.50	
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		29. DIFFERENCE	
36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER		32. PAID BY		30. INITIALS	
37. RECEIVED AT		38. RECEIVED BY (Print)		33. AMOUNT VERIFIED CORRECT FOR	
39. DATE RECEIVED (YYMMDD)		40. TOTAL CONTAINERS		34. CHECK NUMBER	
		41. S/R ACCOUNT NUMBER		35. BILL OF LADING NO.	
		42. S/R VOUCHER NO.			

Manufacture Facilities:
26055

PARKER HANNIFIN CORPORATION
DIV ELECTRONIC SYSTEMS DIVISION
300 MARCUS BOULEVARD
SMITHTOWN NY 11787

Supplies and Packaging - Inspection and Acceptance Address:
26055

PARKER HANNIFIN CORPORATION
DIV ELECTRONIC SYSTEMS DIVISION
300 MARCUS BOULEVARD
SMITHTOWN NY 11787

Admin Office for Supplies and Packaging:
S3309A

S3309A DCMA LONG ISLAND
605 STEWART AVE
(516) 228-5715
GARDEN CITY NY 11530-4761

All Terms and Conditions apply as agreed in the Basic Ordering Agreement
N0038302G003H effective 1/16/2003 through 01/15/2006.

COC is Authorized per FAR 52.246-15.

F02 - Variation in Quantity (FAR 52.211-16) (APR 1984) applies to this
order with a 10% increase or decrease in quantities authorized.

Thank you for helping us serve our Military Customer .Mary Tatman, AABB6

SECTION B

PR YPC03364000168
NSN 3040-01-305-9855

ITEM DESCRIPTION:

SHAFT, SHOULDERED

PARKER HANNIFIN CUSTOMER SUPPORT (59211) P/N 726-074-001

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
2001	YPC03364000168	0001	19	EA	\$87.09000	\$1654.71

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

PREP FOR DELIVERY

PKGING DATA - MIL-STD-2073-1D, 15 DEC 1999
QUP = 001: PRES MTHD = 33: CLNG/DRY = 1: PRESV MAT = XX:
WRAP MAT = XX: CUSH/DUNN MAT = XX: CUSH/DUNN THKNESS = X:
UNIT CONT = DO: OPI = O:
INTRMDTE CONT = E5: 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
SUPPLEMENTAL INSTRUCTIONS

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 JUL 24

PARCEL POST ADDRESS:

CONTINUED ON NEXT PAGE

SECTION B

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 NS3

ITEM	PR	PRLI	QUANTITY	UNIT	UNIT PRICE	AMOUNT
2002	YPC04015000267	0001	31	EA	\$87.09000	\$2699.79

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

PREP FOR DELIVERY

PKGING DATA - MIL-STD-2073-1D, 15 DEC 1999
QUP = 001: PRES MTHD = 33: CLNG/DRY = 1: PRESV MAT = XX:
WRAP MAT = XX: CUSH/DUNN MAT = XX: CUSH/DUNN THKNSS = X:
UNIT CONT = DO: OPI = O:
INTRMDTE CONT = E5: 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
SUPPLEMENTAL INSTRUCTIONS

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CODING IN ACCORDANCE WITH AIM BC1.

DELIVER FOB: ORIGIN BY: 2004 JUL 24

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SECTION B

PARCEL POST ADDRESS:

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

FREIGHT SHIPPING ADDRESS:

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

NON-MILSTRIP
PROJ

REMIT PAYMENT TO:
