

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. UBCQ		3. DATE OF ORDER (YYMMDD) 2004 MAY 26		4. REQUISITION/PURCH REQUEST NO. YPE04117000267		5. PRIORITY DOA7	
6. ISSUED BY Defense Supply Center Columbus 3990 E. Broad St. P.O. Box 16704 Columbus, OH 43216-5010 Local Administrator: PCCDBJY (614)692-7482 / FAX: (614)692-3263 E-mail: Charles.Jordan@dla.mil				7. ADMINISTERED BY (If other than 6) DCMA SANTA ANA ROOM 813A 34 CIVIC CENTER PLAZA SANTA ANA CA 92701-4056		8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER <small>(See Schedule if other)</small>			
9. CONTRACTOR PARKER HANNIFIN CUSTOMER SUPPORT IN 14300 ALTON PRKY IRVINNE CA 92618 Vendor's Copy was sent EDI. Do not Duplicate shipment.		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) 210 DAYS ADO		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED		12. DISCOUNT TERMS 00.500% 15 days, NET 30 days		13. MAIL INVOICES TO See Block 15	
14. SHIP TO See Schedule - Do Not Ship to Address in Block 6		15. PAYMENT WILL BE MADE BY HQ0339		16. MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER		17. CRITICALITY: C			

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 2004 MAY 18 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
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: CONFIRMING ORDER -- DO NOT DUPLICATE ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.	TOTAL: 30			

* 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 Tracy Holmes BY:		PCCPBX		25. TOTAL \$ 23568.00	
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		32. PAID BY <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		TRACTING/ORDERING OFFICER NUMBER NO.		29. DIFFERENCE	
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____		33. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		33. AMOUNT VERIFIED CORRECT FOR		30. INITIALS	
36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____		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.		

Supplies - Inspection and Acceptance Address:
93835

PARKER HANNIFIN CORPORATION
DBA ABEX NWL DIVISION DIV ABEX NWL
2220 PALMER AVENUE
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 DCMC DETROIT-GRANDRAPIDS
RIVERVIEW CTR BLDG
678 FRONT ST NW
GRAND RAPIDS MI 49504-5352

10 DAYS ADDED TO QUOTED DELIVERY IN LIEU OF AWARDING ARO.

EARLY INCREMENTAL DELIVERIES ARE ACCEPTABLE.

ALL TERMS AND CONDITIONS OF BASIC ORDERING AGREEMENT N00383-02-G-003H
APPLY AND REMAIN IN EFFECT.

REMIT PAYMENT TO:

PARKER HANNIFIN
CUSTOMER SUPPORT DIVISION
7969 COLLECTION CENTER DR
CHICAGO, IL 60693

SECTION B

PR YPE04117000267
NSN 5945-01-368-5241

ITEM DESCRIPTION:

SOLENOID,ELECTRICAL

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.

CRITICAL APPLICATION ITEM

PARKER HANNIFIN CORPORATION (93835) P/N 21877

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
2001	YPE04117000267	0001	30	EA	\$785.60000	\$23568.00

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 = 41: CLNG/DRY = 1: PRESV MAT = 00:
WRAP MAT = 00: CUSH/DUNN MAT = NA: CUSH/DUNN THKNESS = X:
UNIT CONT = XX: OPI = O:
INTRMDTE CONT = D3: INTRMDTE CONT QTY = AAA:
PACK CODE = U:
MARKING SHALL BE IN ACCORDANCE WITH MIL-STD-129.
SPECIAL MARKING CODE: 00 - NO SPECIAL MARKING.

ALL REFERENCES TO MIL-STD-130 AND MIL-STD 129 SHALL MEAN REVISIONS "K" AND "N" RESPECTIVELY, NOTWITHSTANDING THE CITING OF OTHER SPECIFIC REVISION

CONTINUED ON NEXT PAGE

SECTION B

LETTERS OR TIME FRAMES.

DELIVER FOB: ORIGIN BY: 2004 DEC 22

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

* * * * *

REMIT PAYMENT TO:

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CONTINUED ON NEXT PAGE

CONTINUATION SHEET

Order Number:

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A04D01 52.204-9C06 DSCC MASTER SOLICITATION STATEMENT

Full text of all DLAD/DSCC clauses listed within this individual solicitation are contained in the DSCC Master Solicitation, current version found at http://DIBBS.dsccl.dla.mil/refs/provclauses . Also, the full text of FAR/DFARS clauses incorporated by reference may be accessed electronically at http://www.dla.mil/j-3/j-336/icps.htm The clauses/provisions incorporated by reference have the same force and effect as if they were in full text; however, those having no bearing on the instant acquisition become self-deleting. In the event of an inconsistency between the Master Solicitation and the individual solicitation/award, the provision of the individual solicitation/award shall govern.

() (Vendor Fill-in) Same as Offeror
Applicable to CLIN(s):
(Vendor Fill-in)
() (Vendor Fill-in) Same as above
(X) (Vendor Fill-in) Other (CAGE, Name, Street Address, City, State and Zip Code)
UNIQUE INDUSTRIAL PACKAGING (2N095) (Vendor Fill-in)
1975 WALDORF ST NW STE B (Vendor Fill-in)
GRAND RAPIDS, MI 49544-1435 (Vendor Fill-in)
Applicable to CLIN(s):
ALL (Vendor Fill-in)

A04D02 52.204-9C07 PAYMENT BY ELECTRONIC FUNDS TRANSFER (EFT) - CENTRAL CONTRACTOR REGISTRATION (CCR) DSCC:

Unless otherwise stated in the remarks section of this contract/order, the payment information contained in the CCR has precedence over any other payment information that may be printed in the Remittance Address field of this contract/order.

E46D02 52.246-9C02 ACCEPTANCE AT ORIGIN (NOV 1995) DSCC
E46D03 52.246-9C03 SECONDARY ADMINISTRATION (JUN 2001) DSCC

SECTION B

Basic Ordering Agreement or Contract Effective Dates 01/16/03 through 01/15/06 .

() Price List No. dated **/**/** .
(X) Quote/Ref. No. M2004045526 dated 05/18/04 .
(x) FOB Origin - Clin(s) ALL
() FOB Origin Shipping Point:
() FOB Destination - Clin(s)
() PAS Serial No.
() NIB/NISH Allocation No.
(X) Firm Fixed Price
() Firm Fixed Price w/EPA

INSPECTION/ACCEPTANCE AT ORIGIN WILL BE PERFORMED BY:
SUPPLIES
() Office Administering Order/Contract
Applicable to CLIN(s):
(X) Other
S2303A

Applicable to CLIN(s): ALL
PACKAGING
() Office Administering Order/Contract
Applicable to CLIN(s):
(X) Same as for Supplies
() Other

Applicable to CLIN(s): ALL

SECTION D

D11D01 52.211-9C01 PALLETIZATION REQUIREMENTS (OCT 2002) DSCC

F47A01 52.247-29 F.O.B ORIGIN (JUN 1988) FAR
F47D01 52.247-9C02 SHIPPING INSTRUCTIONS (DOMESTIC) (MAY 2002) DSCC

SECTION E

E46A02 52.246-2 INSPECTION OF SUPPLIES--FIXED-PRICE (AUG 1996) FAR
E46A17 52.246-15 CERTIFICATE OF CONFORMANCE (APR 1984) FAR
E46B01 252.246-7000 MATERIAL INSPECTION AND RECEIVING REPORT (MAR 2003) DFARS
E46D01 52.246-9C01 INSPECTION AT ORIGIN (JUN 2001) DSCC

SECTION I
I04B04 252.204-7004 ALTERNATE A (NOV 2003) DFARS
I32B02 252.232-7003 ELECTRONIC SUBMISSION OF PAYMENT REQUESTS (JAN 2004) DFARS
I39C01 52.239-9000 Y2K COMPLIANCE NOTICE (JUN 2002) DLAD

(c) Inspection Points:

SUPPLIES
() (Vendor Fill-in) Same as Offeror
Applicable to CLIN(s):
(Vendor Fill-in)

(X) (Vendor Fill-in) Other (CAGE, Name, Street Address, City, State and Zip Code)
PARKER HANNIFIN (93835) (Vendor Fill-in)
2220 PALMER AVE (Vendor Fill-in)
KALAMAZOO, MI 49001-4165 (Vendor Fill-in)
Applicable to CLIN(s):
ALL (Vendor Fill-in)

PACKAGING