

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. SP0700-02-D-7869		2. DELIVERY ORDER NO. 5791		3. DATE OF ORDER (YYMMDD) 2003 AUG 27		4. REQUISITION/PURCH REQUEST NO. FB483532390104		5. PRIORITY			
6. ISSUED BY DEFENSE SUPPLY CENTER COLUMBUS 3990 E. BROAD STREET P.O. BOX 16704 COLUMBUS, OH 43216-5010			CODE SP0700		7. ADMINISTERED BY (If other than 6) DEFENSE SUPPLY CENTER COLUMBUS 3990 E BROAD ST PO BOX 3990 COLUMBUS OH 43216-5000			CODE SP0700		8. DELIVERY FOB <input checked="" type="checkbox"/> DEST <input type="checkbox"/> OTHER <i>(See Schedule if other)</i>	
9. CONTRACTOR NAME AND ADDRESS WATEC INC DIV DISTRIBUTION CENTER 1570 MUZZYS RD URBANA OH 43078-9604		CODE 1W2Z5		FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD)		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED			
						12. DISCOUNT TERMS I/A/W/ BASIC CONTRACT		13. MAIL INVOICES TO SEE BLOCK 15			
14. SHIP TO DO NOT SHIP TO ADDRESSES ON THIS PAGE SEE FOLLOWING PAGE SHIPPING ADDRESSES ARE SHOWN UNDER LINE ITEM			CODE		15. PAYMENT WILL BE MADE BY S33181 S33181 DFAS COLUMBUS CENTER ATTN DFAS CO BVDPC/CC CONSTRUCTION 3990 E BROAD ST PO BOX 182317 COLUMBUS OH 43218-6203			MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER			
16. TYPE OF ORDER	DELIVERY <input checked="" type="checkbox"/>	PURCHASE <input 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 _____ 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						
	Remarks: Terms and conditions are in accordance with Basic Contract. Vendor's copy was sent EDI. Do not duplicate shipment. For Overseas (OCONUS) Shipments use DD Form 1387 (Military Shipment Label). The form and instructions for completing it are available at http://www.dscc.dla.mil/Offices/Packaging/forms.html										
* 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: EPPI Auto Award				25. TOTAL \$ 3.04		29. DIFFERENCE		
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 DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____			27. SHIP. NO. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		28. D.O. VOUCHER NO.		30. INITIALS		33. AMOUNT VERIFIED CORRECT FOR		
36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____			31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		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

MILSTRIP REQUIRED DELIVERY DATE 777

P/N Manufacturer's CAGE -

<u>ITEM</u>		<u>QTY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001	PR FB483532390104 NSN 4730-01-286-0216	1	EA	3.04	3.04

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

DELIVERY FOB: DESTINATION BY: 2003 AUG 30

RDD 777 CONTACT TRANS OFFICE AT ADMIN OFFICE PRIOR TO SHIPMENT**PARCEL POST ADDRESS:**

CONTROLLED
NOT FOR MAILING
USE TAC 2 FOR SHIPPING ONLY

FREIGHT ADDRESS:

FB4835
FB4835 WRM PREPOSITION PROG
CML PHN 011 968 26 2036 OR 46 6402
SBSS SSOO GP WHSE PLZ FWD TO TTH
THUMRAIT SULTANATE OF OMAN

M/F: (TCN) FB483532390104
RDD: 777 PROJ:
PRIORITY: 02

END OF AWARD