

# 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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**4**

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.<br><b>N00383-02-G-003H</b>  |  | 2. DELIVERY ORDER NO.<br><b>UBR1</b>   |  | 3. DATE OF ORDER (YYMMDD)<br><b>2004 FEB 27</b>   |  | 4. REQUISITION/PURCH REQUEST NO.<br><b>YPC04037000368</b>   |  | 5. PRIORITY<br><b>DOA1</b>                  |  |
| 6. ISSUED BY<br><b>Defense Supply Center Columbus<br/>3990 E. Broad St.<br/>P.O. Box 16704<br/>Columbus, OH 43216-5010<br/>Local Administrator: PAABCAD (614)692-1407 / FAX: (614)692-6292<br/>E-mail: Michael.Theado@dla.mil</b> |  |  |  | 7. ADMINISTERED BY (If other than 6)<br><b>DCMC SANTA ANA<br/>34 CIVIC CENTER PLAZA<br/>ROOM 813A<br/>SANTA ANA, CA 92701-4056</b>                |  | 8. DELIVERY FOB<br><input type="checkbox"/> DEST<br><input checked="" type="checkbox"/> OTHER<br><small>(See Schedule if other)</small> |  |   |  |
| 9. CONTRACTOR<br><b>PARKER HANNIFIN CUSTOMER SUPPORT<br/>INC.<br/>14300 ALTON PARKWAY<br/>IRVINE CA 92618-1814<br/>Vendor's Copy was sent EDI. Do not Duplicate shipment.</b>   |  | 10. DELIVER TO FOB POINT BY (Date) (YYMMDD)<br><b>120 DAYS ADO</b>   |  | 11. MARK IF BUSINESS IS<br><input type="checkbox"/> SMALL<br><input type="checkbox"/> SMALL DISADVANTAGED<br><input type="checkbox"/> WOMEN-OWNED |  | 12. DISCOUNT TERMS<br><b>NET 30 days</b>  |  | 13. MAIL INVOICES TO<br><b>See Block 15</b> |  |
| 14. SHIP TO<br><b>See Schedule - Do Not Ship to Address in Block 6</b>  |  | 15. PAYMENT WILL BE MADE BY<br><b>HQ0339 DFAS COLUMBUS CENTER<br/>WEST ENTITLEMENT OPERATIONS<br/>P O BOX 182381<br/>COLUMBUS OH 43218-2381<br/>EFT: T</b> |  | MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER  |  |   |  |   |  |

|                   |          |                                     |  |
|-------------------|----------|-------------------------------------|--|
| 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.<br>Reference your <b>offer dated 2003 JUL 23, M2003072460</b> and furnish the following on terms specified herein.<br>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 | <input type="checkbox"/>            |  |

|  |           |                      |                      |
|--|-----------|----------------------|----------------------|
| 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:<br/>CONFIRMING ORDER – DO NOT DUPLICATE<br/>ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO<br/>COST TO THE GOVERNMENT.</b> | <b>TOTAL:<br/>183</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<br>BY: <i>Mary Satman</i><br>CONTRACTING/ORDERING OFFICER                                 |  | 25. TOTAL \$ <b>6275.07</b> |  |
| 26. QUANTITY IN COLUMN 20 HAS BEEN<br><input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED |  | 27. SHIP. NO.<br><input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL                                    |  | 28. D.O. VOUCHER NO.        |  |
| DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____   |  | 31. PAYMENT<br><input type="checkbox"/> COMPLETE<br><input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL |  | 32. PAID BY                 |  |
| 36. I certify this account is correct and proper for payment.<br>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:

3H889

PARKER HANNIFIN CORPORATION  
DIV AIR & FUEL DIVISION  
16666 VON KARMAN AVENUE  
IRVINE CA 92606-4917

## Supplies and Packaging - Inspection and Acceptance Address:

3H889

PARKER HANNIFIN CORPORATION  
DIV AIR & FUEL DIVISION  
16666 VON KARMAN AVENUE  
IRVINE CA 92606-4917

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 YPC04037000368  
NSN 4820-00-075-3879

## ITEM DESCRIPTION:

DISK, VALVE.

CRITICAL APPLICATION ITEM

PARKER HANNIFIN CORPORATION (92003) P/N 649779

| <u>ITEM</u> | <u>PR</u>      | <u>PRLI</u> | <u>QUANTITY</u> | <u>UNIT</u> | <u>UNIT PRICE</u> | <u>AMOUNT</u> |
|-------------|----------------|-------------|-----------------|-------------|-------------------|---------------|
| 2001        | YPC04037000368 | 0001        | 183             | EA          | \$34.29000        | \$6275.07     |

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 = 10: CLNG/DRY = 1: PRESV MAT = 00:  
WRAP MAT = 00: CUSH/DUNN MAT = BG: CUSH/DUNN THKNESS = X:  
UNIT CONT = BE: 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

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 JUN 26

## PARCEL POST ADDRESS:

SW3211  
DEF DISTRIBUITON DEPOT OKLAHOMA  
CEN REC 3301 F AVE BLDG 506 DR 22  
TINKER AFB OK 73145-8000

CONTINUED ON NEXT PAGE

SECTION B

FREIGHT SHIPPING ADDRESS:

SW3211  
DEF DISTRIBUTION DEPOT OKLAHOMA  
CENTRAL REC 3301 F AVE BLDG 506  
TINKER AFB OK 73145-8000

NON-MILSTRIP  
PROJ

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REMIT PAYMENT TO:

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