

# 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. <b>N00383-02-G-003H</b>		2. DELIVERY ORDER NO. <b>UBR6</b>		3. DATE OF ORDER (YYMMDD) <b>2004 FEB 27</b>		4. REQUISITION/PURCH REQUEST NO. <b>YPC04040001403</b>		5. PRIORITY <b>DOA1</b>	
6. ISSUED BY <b>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</b>				7. ADMINISTERED BY (If other than 6) <b>DCMC SANTA ANA 34 CIVIC CENTER PLAZA ROOM 813A SANTA ANA, CA 92701-4056</b>		8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER <small>(See Schedule if other)</small>			
9. CONTRACTOR <b>PARKER HANNIFIN CUSTOMER SUPPORT INC. 14300 ALTON PARKWAY IRVINE CA 92618-1814 Vendor's Copy was sent EDI. Do not Duplicate shipment.</b>		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) <b>120 DAYS ADO</b>		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED		12. DISCOUNT TERMS <b>NET 30 days</b>		13. MAIL INVOICES TO <b>See Block 15</b>	
14. SHIP TO <b>See Schedule - Do Not Ship to Address in Block 6</b>		15. PAYMENT WILL BE MADE BY <b>HQ0339 DFAS COLUMBUS CENTER WEST ENTITLEMENT OPERATIONS P O BOX 182381 COLUMBUS OH 43218-2381 EFT: T</b>		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER					

16. DELIVERY TYPE OF ORDER:  DELIVERY,  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 JAN 30, M2004010095** 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
	<b>Remarks: CONFIRMING ORDER – DO NOT DUPLICATE ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.</b>	<b>TOTAL: 3</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 BY: <i>Mary Satman</i> CONTRACTING/ORDERING OFFICER		25. TOTAL \$ <b>1293.45</b>
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.		29. DIFFERENCE
DATE: _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE: _____		28. D.O. VOUCHER NO.		30. INITIALS
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		33. AMOUNT VERIFIED CORRECT FOR
37. RECEIVED AT		32. PAID BY		34. CHECK NUMBER
38. RECEIVED BY (Print)		33. PAYMENT		35. BILL OF LADING NO.
39. DATE RECEIVED (YYMMDD)		40. TOTAL CONTAINERS		42. S/R VOUCHER NO.
		41. S/R ACCOUNT NUMBER		

## 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.

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

## SECTION B

PR YPC04040001403  
 NSN 4810-01-204-8061

## ITEM DESCRIPTION:

LEVER ASSEMBLY, USED ON WING GLOVE SHUT OFF  
 VALVE, E/I; B-1B AIRCRAFT,

CRITICAL APPLICATION ITEM

PARKER HANNIFIN CORPORATION (92003) P/N 2722808

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
2001	YPC04040001403	0001	3	EA	\$431.15000	\$1293.45

QTY VARIANCE: PLUS 0% MINUS 0%  
 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 = XX: CUSH/DUNN MAT = XX: CUSH/DUNN THKNSS = X:  
 UNIT CONT = BE: OPI = O:  
 INTRMDTE CONT = ED: 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:

CONTINUED ON NEXT PAGE

SECTION B

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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REMIT PAYMENT TO:

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