

# 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. <b>SP0700-99-D-S006</b>		2. DELIVERY ORDER NO. <b>MA69</b>		3. DATE OF ORDER (YYMMDD) <b>2004 FEB 27</b>		4. REQUISITION/PURCH REQUEST NO. <b>CDARJZ40530902</b>		5. PRIORITY	
6. ISSUED BY <b>DEFENSE SUPPLY CENTER COLUMBUS 3990 E. BROAD STREET P.O. BOX 16704 COLUMBUS, OH 43216-5010</b>				7. ADMINISTERED BY (If other than 6) <b>SC0700 DEFENSE SUPPLY CNTR COLUMBUS ATTN DSCC-PLS BOX 16704 (TRANS 614-692-2175) COLUMBUS OH 43216-5010</b>		8. DELIVERY FOB <input checked="" type="checkbox"/> DEST <input type="checkbox"/> OTHER <i>(See Schedule if other)</i>			
9. CONTRACTOR <b>CATERPILLAR INC. DBA DEFENSE &amp; FEDERAL PRODUCTS 100 N E ADAMS PEORIA IL 61602-1324</b>		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED		10. DELIVER TO FOB POINT BY (Date) (YYMMDD)		12. DISCOUNT TERMS <b>I/A/W/ BASIC CONTRACT</b>		13. MAIL INVOICES TO <b>SEE BLOCK 15</b>	
14. SHIP TO <b>DO NOT SHIP TO ADDRESSES ON THIS PAGE SEE FOLLOWING PAGE SHIPPING ADDRESSES ARE SHOWN UNDER LINE ITEM</b>		15. PAYMENT WILL BE MADE BY <b>S33181 DFAS COLUMBUS CENTER ATTN DFAS CO BVDPC/CC CONSTRUCTION 3990 E BROAD ST PO BOX 182317 COLUMBUS OH 43218-6203</b>		16. TYPE OF ORDER DELIVERY <input checked="" type="checkbox"/> PURCHASE <input type="checkbox"/>		17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE <b>CG: 97X4930 5CC0 001 26.0 S33150</b>		18. 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. <b>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.</b>									
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:	
18. ITEM NO.									
19. SCHEDULE OF SUPPLIES/SERVICE									
20. QUANTITY ORDERED/ACCEPTED*									
21. UNIT									
22. UNIT PRICE									
23. AMOUNT									
<p><b>Remarks:</b></p> <p><b>Terms and conditions are in accordance with Basic Contract.</b></p> <p><b>Vendor's copy was sent EDI. Do not duplicate shipment.</b></p> <p><b>For Overseas (OCONUS) Shipments use DD Form 1387 (Military Shipment Label). The form and instructions for completing it are available at <a href="http://www.dsc.dla.mil/Offices/Packaging/forms.html">http://www.dsc.dla.mil/Offices/Packaging/forms.html</a></b></p>									
24. UNITED STATES OF AMERICA		25. TOTAL		26. QUANTITY IN COLUMN 20 HAS BEEN		27. SHIP. NO.		28. D.O. VOUCHER NO.	
BY: <b>EPPI Auto Award</b>		<b>\$ 285.88</b>		<input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED		<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		29. DIFFERENCE	
30. INITIALS		31. PAYMENT		DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR	
34. CHECK NUMBER		35. BILL OF LADING NO.		36. I certify this account is correct and proper for payment.		37. RECEIVED AT		38. RECEIVED BY (Print)	
39. DATE RECEIVED (YYMMDD)		40. TOTAL CONTAINERS		DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.	

## SECTION B

ITEM DESCRIPTION NOT INCLUDED

MILSTRIP REQUIRED DELIVERY DATE 999

P/N 7N7998 Manufacturer's CAGE - 11083

<u>ITEM</u>		<u>QTY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001	PR CDARJZ40530902 NSN 2815-01-127-2912	1	EA	285.88	285.88

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

DELIVERY FOB: DESTINATION BY:

RDD 999/NMCS CONTACT TRANS OFFICE AT ADMIN OFFICE PRIOR TO SHIPMENT

**PARCEL POST ADDRESS:**

XR BROWN AND ROOT SERVICES LOGCAP  
OPERATION ENDURING FREEDOM  
AMC LSE LAD  
09363, AR AE

**FREIGHT ADDRESS:**

CDARJZ  
XR BROWN AND ROOT SERVICES LOGCAP  
OPERATION ENDURING FREEDOM  
AMC LSE LAD CAMP LEMONIER  
DJIBOUTI DJ

M/F: (TCN) CDARJZ40530902 TP 1

RDD: 999 PROJ:  
PRIORITY: 02

END OF AWARD