

# 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>UB8J</b>		3. DATE OF ORDER (YYMMDD) <b>2003 AUG 28</b>		4. REQUISITION/PURCH REQUEST NO. <b>YPC03181000439</b>		5. PRIORITY <b>DOC9</b>	
6. ISSUED BY 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				7. ADMINISTERED BY (If other than 6) DCMC SANTA ANA 34 CIVIC CENTER PLAZA ROOM 813A SANTA ANA, CA 92701-4056 <b>CRITICALITY: B</b>		8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER <i>(See Schedule if other)</i>			
9. CONTRACTOR NAME AND ADDRESS <b>PARKER HANNIFIN CUSTOMER SUPPORT INC 14300 ALTON PKY IRVINE CA 92618-1814 Vendor's Copy was sent EDI. Do not Duplicate shipment.</b>		CODE <b>59211</b>		FACILITY CODE <b>26055</b>		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) <b>180 DAYS ADO</b>		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED	
14. SHIP TO <b>See Schedule - Do Not Ship to Address in Block 6</b>		CODE		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>		CODE <b>HQ0339</b>		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	
16. DELIVERY TYPE OF ORDER <input checked="" type="checkbox"/> DELIVERY <input type="checkbox"/> 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 <b>offer dated 2003 JUL 22, M2003071359</b> 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.							
<input type="checkbox"/> NAME OF CONTRACTOR		SIGNATURE		TYPED NAME AND TITLE		DATE SIGNED (YYMMDD)			
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE <b>CG: 97X4930 5CC0 001 26.0 S33150</b>									
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: 2</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 Catman</i>		25. TOTAL <b>\$ 1135.50</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. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		28. D.O VOUCHER NO.		29. DIFFERENCE	
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE				31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		30. INITIALS	
36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER								33. AMOUNT VERIFIED CORRECT FOR	
								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.				

## Manufacture Facilities:

26055

PARKER HANNIFIN CORP  
ELECTRONIC SYSTEMS DIV  
300 MARCUS BLVD  
SMITHTOWN NY 11787-2044

## Supplies and Packaging - Inspection and Acceptance Address:

26055

PARKER HANNIFIN CORP  
ELECTRONIC SYSTEMS DIV  
300 MARCUS BLVD  
SMITHTOWN NY 11787-2044

## Admin Office for Supplies and Packaging:

S3309A

S3309A DCMA LONG ISLAND  
605 STEWART AVE  
(516) 228-5715  
GARDEN CITY NY 11530-4761

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.

## SECTION B

PR YPC03181000439  
NSN 3040-01-316-0082

ITEM DESCRIPTION:

EXTENSION SHAFT

PARKER HANNIFIN CUSTOMER SUPPORT (59211) P/N 726-107-001

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
2001	YPC03181000439	0001	2	EA	\$567.75000	\$1135.50

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 = X: PRESV MAT = XX:  
WRAP MAT = XX: CUSH/DUNN MAT = XX: CUSH/DUNN THKNSS = X:  
UNIT CONT = XX: OPI = O:  
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 FEB 24

PARCEL POST ADDRESS:

SW3117  
DEF DIST DEPOT NORFOLK VA  
RECEIVING OFFICER DDNV PR  
1968 GILBERT ST BLDG W143 DWY 9  
NORFOLK VA 23512-0001

CONTINUED ON NEXT PAGE

SECTION B

FREIGHT SHIPPING ADDRESS:

SW3117  
DEF DIST DEPOT NORFOLK VA  
RECEIVING OFFICER DDNV PR  
1968 GILBERT ST BLDG 135 DWY 10  
NORFOLK VA 23512-0001

NON-MILSTRIP  
PROJ NS3

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REMIT PAYMENT TO:

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