

# 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>SP0740-01-D-9726</b>		2. DELIVERY ORDER NO. <b>0212</b>		3. DATE OF ORDER (YYMMDD) <b>2003 OCT 28</b>		4. REQUISITION/PURCH REQUEST NO. <b>YPC03293000981</b>		5. PRIORITY <b>DOA1</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@dta.mil			CODE <b>SP0700</b>	7. ADMINISTERED BY (If other than 6) DCMC SANTA ANA 34 CIVIC CENTER PLAZA ROOM 813A SANTA ANA, CA 92701-4056			CODE <b>S0513A</b>		8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER (See Schedule if other)
9. CONTRACTOR  NAME AND ADDRESS  <b>PARKER HANNIFIN CUSTOMER SUPPORT INC. 14300 ALTON PARKWAY IRVINE CA 92618-1814 Vendor's Copy was sent EDI. Do not Duplicate shipment.</b>		CODE <b>59211</b>		FACILITY CODE <b>49695</b>		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) <b>See Schedule</b>		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED	
						12. DISCOUNT TERMS <b>00.500% 15 days, NET 30 days</b>			
						13. MAIL INVOICES TO <b>See Block 15</b>			
14. SHIP TO  See Schedule - Do Not Ship to Address in Block 6			CODE		15. PAYMENT WILL BE MADE BY  ATTN DFAS CO BVDPPC/CC CONSTRUCTIO 3990 E BROAD ST PO BOX 182317 COLUMBUS OH 43218-6203			CODE <b>S33181</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. 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>
	PURCHASE	<input type="checkbox"/>	

NAME OF CONTRACTOR <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:	SIGNATURE	TYPED NAME AND TITLE	DATE SIGNED (YYMMDD)
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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: <b>ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.</b>	<b>TOTAL: 17</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:		25. TOTAL \$ <b>39483.18</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.		28. D.O. VOUCHER NO.	
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____		<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY	
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		38. RECEIVED BY (Print)		34. CHECK NUMBER	
39. DATE RECEIVED (YYMMDD)		40. TOTAL CONTAINERS		35. BILL OF LADING NO.	
		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.	

## Manufacture Facilities:

49695

PARKER HANNIFIN CORPORATION  
DBA CUSTOMER SUPPORT OPERATIONS DIV  
2010 WALDREP INDUSTRIAL BOULEVARD  
DUBLIN GA 31021-2630

## Supplies and Packaging - Inspection and Acceptance Address:

49695

PARKER HANNIFIN CORPORATION  
DBA CUSTOMER SUPPORT OPERATIONS DIV  
2010 WALDREP INDUSTRIAL BOULEVARD  
DUBLIN GA 31021-2630

## Admin Office for Supplies and Packaging:

S1103A

S1103A DCMA ATLANTA  
805 WALKER ST SUITE 1

MARIETTA GA 30060-2789

## SECTION B

PR YPC03293000981  
NSN 4320-00-471-1383

## ITEM DESCRIPTION:

MOTOR-PUMP (TORQUE MOTOR & ADAPTER PLATE).  
USED ON ABEX PUMPS P/N 65013 AND 65055.

DLAD CLAUSE 52.246-9004, PRODUCT VERIFICATION  
TESTING, IS HEREBY INCORPORATED, AND MAY BE  
INVOKED AT THE DISCRETION OF THE PROCUREMENT  
ACTIVITY.

## CRITICAL APPLICATION ITEM

PARKER HANNIFIN CORPORATION (93835) P/N 71973

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001AA	YPC03293000981	0001	10	EA	\$2322.54000	\$23225.40
QTY VARIANCE: PLUS 0% MINUS 10%						
INSPECTION POINT: ORIGIN						
ACCEPTANCE POINT: ORIGIN						

DELIVERY FOB: ORIGIN BY: 2004 OCT 22

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001AB	YPC03293000981	0001	7	EA	\$2322.54000	\$16257.78
QTY VARIANCE: PLUS 0% MINUS 10%						
INSPECTION POINT: ORIGIN						
ACCEPTANCE POINT: ORIGIN						

DELIVERY FOB: ORIGIN BY: 2004 NOV 21

## PREP FOR DELIVERY

PKGING DATA - MIL-STD-2073-1D, 15 DEC 1999  
QUP = 001: PRES MTHD = BL: CLNG/DRY = 1: PRESV MAT = 49:  
WRAP MAT = XX: CUSH/DUNN MAT = XX: CUSH/DUNN THKNSS = X:  
UNIT CONT = E5: OPI = O:  
PACK CODE = U:  
MARKING SHALL BE IN ACCORDANCE WITH MIL-STD-129.  
SPECIAL MARKING CODE: 00 - NO SPECIAL MARKING.

CONTINUED ON NEXT PAGE

SECTION B

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.

PARCEL POST ADDRESS:

SW3113  
DEF DIST DEPOT CHERRY POINT NC  
PSC 8020  
CUNNINGHAM ST BLDG 159 RM 217  
CHERRY POINT NC 28533-0020

FREIGHT SHIPPING ADDRESS:

SW3113  
DEF DIST DEPOT CHERRY POINT NC  
LANGLEY RD BLDG 147 BAY A  
CHERRY POINT NC 28533-5040

NON-MILSTRIP  
PROJ

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REMIT PAYMENT TO:

PARKER HANNIFIN  
CUSTOMER SUPPORT MILITARY DIV  
P O BOX 75791  
CHARLOTTE NC 28275

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