

# ORDER FOR SUPPLIES OR SERVICES

(Contractor must submit four copies of invoice.)

Form Approved  
OMB No. 0704-0187  
Expires Jun 30, 1997

PAGE 1 OF

**5**

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>UBDL</b>		3. DATE OF ORDER (YYMMDD) <b>2004 JUN 29</b>		4. REQUISITION/PURCH REQUEST NO. <b>YPE04140000116</b>		5. PRIORITY <b>DOA7</b>		
6. ISSUED BY <b>Defense Supply Center Columbus P.O. Box 3990 Columbus, OH 43218-3990 Local Administrator: PCCDBJY (614)692-7482 / FAX: (614)692-3263 E-mail: Charles.Jordan@dla.mil</b>			CODE <b>SP0900</b>		7. ADMINISTERED BY (If other than 6) <b>DCMA SANTA ANA ROOM 813A 34 CIVIC CENTER PLAZA SANTA ANA CA 92701-4056</b>			CODE <b>S0513A</b>		8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER <i>(See Schedule if other)</i>
9. CONTRACTOR <b>PARKER HANNIFIN CUSTOMER SUPPORT IN 14300 ALTON PRKY IRVINNE CA 92618 Vendor's Copy was sent EDI. Do not Duplicate shipment.</b>			CODE <b>59211</b>		FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) <b>250 DAYS ADO</b>		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED	
NAME AND ADDRESS			12. DISCOUNT TERMS <b>00.500% 15 days, 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>			CODE		15. PAYMENT WILL BE MADE BY <b>HQ0339</b>			CODE		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER
					<b>HQ0339 DFAS COLUMBUS CENTER WEST ENTITLEMENT OPERATIONS P O BOX 182381 COLUMBUS OH 43218-2381</b>					<b>EFT: T</b>

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 <b>offer dated 2004 JUN 08, M2004056769</b> 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		

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  
**EG: 97X4930 5CE0 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: 10</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 <b>Tracy Holmes</b> BY:		PCCPBX	25. TOTAL <b>\$ 5582.90</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		32. PAID BY <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		29. DIFFERENCE	
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____		33. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		30. INITIALS	
36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____		34. CHECK NUMBER		33. AMOUNT VERIFIED CORRECT FOR	
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.		43. S/R ACCOUNT NUMBER		44. S/R VOUCHER NO.	

Packaging - Inspection and Acceptance Address:  
3H889

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

10 DAYS ADDED TO QUOTED DELIVERY IN LIEU OF AWARDDING ARO.

EARLY INCREMENTAL DELIVERIES ARE ACCEPTABLE.

ALL TERMS AND CONDITIONS OF BASIC ORDERING AGREEMENT N00383-02-G-003H  
APPLY AND REMAIN IN EFFECT.

## SECTION B

PR YPE04140000116  
NSN 5945-00-747-9889

## ITEM DESCRIPTION:

SOLENOID,ELECTRICAL

IF THE APPLICABLE (OEM OR MILITARY) DRAWING, SPECIFICATION, STANDARD, OR QUALITY ASSURANCE PROVISION (QAP) SPECIFIES AN ACCEPTABLE QUALITY LEVEL (AQL). THE SAMPLING ACCEPTANCE NUMBER SHALL BE REDUCED TO ZERO (0). FOR EXAMPLE IF THE ACCEPT REJECT CRITERIA IS ACCEPT ON (3) DEFECTS AND REJECT ON (4) DEFECTS. THE NEW ACCEPT REJECT CRITERIA IS ACCEPT ON (0) DEFECTS AND REJECT THE ENTIRE LOT ON (1) DEFECT. EVEN THOUGH THE ACCEPTANCE LEVEL IS ELIMINATED, THE SAMPLE SIZE REMAINS THE SAME.

92003 29-760-28 REV B

ADEQUATE TECHNICAL DATA IS NOT AVAILABLE TO FULLY DESCRIBE THIS ITEM. HOWEVER, PARTIAL DATA SPECIFIED IN THE AID SETS FORTH ESSENTIAL CHARACTERISTICS OF THE ITEM. ONLY THE SPECIFIED MANUFACTURER'S PART NUMBER(S), MODIFIED AS NECESSARY TO CONFORM TO THE PARTIAL DATA, ARE ACCEPTABLE. OFFERS OF OTHER ITEMS ARE CONSIDERED ALTERNATE OFFERS AS DEFINED IN DLAD 52.217-9002 AND ELSEWHERE IN THE SOLICITATION.

## CRITICAL APPLICATION ITEM

PARKER HANNIFIN CORPORATION (92003) P/N 29-760-28

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
2001	YPE04140000116	0001	10	EA	\$558.29000	\$5582.90

QTY VARIANCE: PLUS 0% 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:

CONTINUED ON NEXT PAGE

SECTION B

WRAP MAT = 00: CUSH/DUNN MAT = XX: CUSH/DUNN THKNESS = X:  
UNIT CONT = D3: OPI = O:  
INTRMDTE CONT = DO: INTRMDTE CONT QTY = AAA:  
PACK CODE = U:  
MARKING SHALL BE IN ACCORDANCE WITH MIL-STD-129.  
SPECIAL MARKING CODE: 00 - NO SPECIAL MARKING.

ALL REFERENCES TO MIL-STD-130 AND MIL-STD 129 SHALL MEAN REVISIONS "K" AND "N" RESPECTIVELY, NOTWITHSTANDING THE CITING OF OTHER SPECIFIC REVISION LETTERS OR TIME FRAMES.

DELIVER FOB: ORIGIN BY: 2005 MAR 06

PARCEL POST ADDRESS:

SW3210  
DISTRIBUTION DEPOT HILL  
7537 WARDLEIGH RD  
HILL AFB UT 84056-5734

FREIGHT SHIPPING ADDRESS:

SW3210  
DISTRIBUTION DEPOT HILL  
7537 WARDLEIGH RD BLDG 849W  
HILL AFB UT 84056-5734

NON-MILSTRIP  
PROJ

\* \* \* \* \*

REMIT PAYMENT TO:

PARKER HANNIFIN CORP  
CUSTOMER SUPPORT OPERATIONS  
7969 COLLECTION CENTER DR  
CHICAGO IL 60693 USA

\* \* \* \* \*

CONTINUED ON NEXT PAGE

CONTINUATION SHEET

Order Number: N00383-02-G-003H-UBDL

PAGE 5 OF 5 PAGES

A04D01 52.204-9C06 DSCC MASTER SOLICITATION STATEMENT

Full text of all DLAD/DSCC clauses listed within this individual solicitation are contained in the DSCC Master Solicitation, current version found at http://DIBBS.dscc.dla.mil/refs/provclauses . Also, the full text of FAR/DFARS clauses incorporated by reference may be accessed electronically at http://www.dla.mil/j-3/j-336/icps.htm The clauses/provisions incorporated by reference have the same force and effect as if they were in full text; however, those having no bearing on the instant acquisition become self-deleting. In the event of an inconsistency between the Master Solicitation and the individual solicitation/award, the provision of the individual solicitation/award shall govern.

( ) (Vendor Fill-in) Other (CAGE, Name, Street Address, City, State and Zip Code) (Vendor Fill-in) (Vendor Fill-in) (Vendor Fill-in) Applicable to CLIN(s): ALL (Vendor Fill-in)

A04D02 52.204-9C07 PAYMENT BY ELECTRONIC FUNDS TRANSFER (EFT) - CENTRAL CONTRACTOR REGISTRATION (CCR) DSCC:

Unless otherwise stated in the remarks section of this contract/order, the payment information contained in the CCR has precedence over any other payment information that may be printed in the Remittance Address field of this contract/order.

E46D02 52.246-9C02 ACCEPTANCE AT ORIGIN (NOV 1995) DSCC E46D03 52.246-9C03 SECONDARY ADMINISTRATION (JUN 2001) DSCC INSPECTION/ACCEPTANCE AT ORIGIN WILL BE PERFORMED BY: SUPPLIES (X) Office Administering Order/Contract Applicable to CLIN(s): ALL ( ) Other

SECTION B

Basic Ordering Agreement or Contract Effective Dates 01/16/03 through 01/15/06 .

( ) Price List No. dated \*\*/\*\*/\*\* . (X) Quote/Ref. No. M2004056769 dated 06/08/04 . (X) FOB Origin - Clin(s) all (X) FOB Origin Shipping Point: Irvine, CA ( ) FOB Destination - Clin(s) ( ) PAS Serial No. ( ) NIB/NISH Allocation No.

Applicable to CLIN(s): PACKAGING (X) Office Administering Order/Contract Applicable to CLIN(s): ALL ( ) Same as for Supplies ( ) Other

(X) Firm Fixed Price

( ) Firm Fixed Price w/EPA

Applicable to CLIN(s):

SECTION F

F47A01 52.247-29 F.O.B ORIGIN (JUN 1988) FAR F47D01 52.247-9C02 SHIPPING INSTRUCTIONS (DOMESTIC) (MAY 2002) DSCC

SECTION E

E46A02 52.246-2 INSPECTION OF SUPPLIES--FIXED-PRICE (AUG 1996) FAR

E46A17 52.246-15 CERTIFICATE OF CONFORMANCE (APR 1984) FAR

E46B01 252.246-7000 MATERIAL INSPECTION AND RECEIVING REPORT (MAR 2003) DFARS

E46D01 52.246-9C01 INSPECTION AT ORIGIN (JUN 2001) DSCC

SECTION I

I04B04 252.204-7004 ALTERNATE A (NOV 2003) DFARS I32B02 252.232-7003 ELECTRONIC SUBMISSION OF PAYMENT REQUESTS (JAN 2004) DFARS I39C01 52.239-9000 Y2K COMPLIANCE NOTICE (JUN 2002) DLAD

(c) Inspection Points:

SUPPLIES

( ) (Vendor Fill-in) Same as Offeror Applicable to CLIN(s): (Vendor Fill-in)

(X) (Vendor Fill-in) Other (CAGE, Name, Street Address, City, State and Zip Code)

PARKER HANNINFIN COPR (3H889) AIR FUEL DIV (Vendor Fill-in)

16666 VON KARMAN AVENUE (Vendor Fill-in)

IRVINE, CA 92606-4917 (Vendor Fill-in)

Applicable to CLIN(s): ALL (Vendor Fill-in)

PACKAGING

( ) (Vendor Fill-in) Same as Offeror Applicable to CLIN(s): (Vendor Fill-in)

(X) (Vendor Fill-in) Same as above