

ORDER FOR SUPPLIES OR SERVICES

(Contractor must submit four copies of invoice.)

Form Approved
OMB No. 0704-0187
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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. SP0750-03-D-7742		2. DELIVERY ORDER NO. 1555		3. DATE OF ORDER (YYMMDD) 2004 SEP 30		4. REQUISITION/PURCH REQUEST NO. YPC04274000828		5. PRIORITY			
6. ISSUED BY DEFENSE SUPPLY CENTER COLUMBUS P.O. Box 3990 Columbus, OH 43218-3990				7. ADMINISTERED BY (If other than 6) SC0700 DEFENSE SUPPLY CENTER COLUM DSCC-LXCBF 614-692-1278 PO BOX 3990 (TRANS 1-800-456-5507) COLUMBUS, OH 43218-3990		8. DELIVERY FOB <input checked="" type="checkbox"/> DEST <input type="checkbox"/> OTHER <i>(See Schedule if other)</i>					
9. CONTRACTOR GMA COVER CORP 2440 20TH ST PORT HURON MI 48060-6436		10. DELIVER TO FOB POINT BY (Date) (YYMMDD)		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED		12. DISCOUNT TERMS I/A/W/ BASIC CONTRACT		13. MAIL INVOICES TO SEE BLOCK 15			
14. SHIP TO DO NOT SHIP TO ADDRESSES ON THIS PAGE SEE FOLLOWING PAGE SHIPPING ADDRESSES ARE SHOWN UNDER LINE ITEM		15. PAYMENT WILL BE MADE BY DFAS COLUMBUS CENTER ATTN DFAS CO BVDPC/CC CONSTRUCTION 3990 E BROAD ST PO BOX 182317 FAS CUSTOMER SERVICE 1-800-756-4571 COLUMBUS, OH 43218-3990		16. TYPE OF ORDER DELIVERY <input checked="" type="checkbox"/> PURCHASE <input type="checkbox"/>		17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE CG: 97X4930 5CC0 001 26.0 S33150		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. 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:			
18. ITEM NO.											
19. SCHEDULE OF SUPPLIES/SERVICE											
20. QUANTITY ORDERED/ACCEPTED*											
21. UNIT											
22. UNIT PRICE											
23. AMOUNT											
<p>Remarks:</p> <p>Terms and conditions are in accordance with Basic Contract.</p> <p>Vendor's copy was sent EDI. Do not duplicate shipment.</p>											
* 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: POPS Auto Award				25. TOTAL \$ 211.56		29. DIFFERENCE			
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.		30. INITIALS		33. AMOUNT VERIFIED CORRECT FOR			
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____		31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		34. CHECK NUMBER		35. BILL OF LADING NO.			
36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____		37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER	
										42. S/R VOUCHER NO.	

SECTION B

ITEM DESCRIPTION NOT INCLUDED

Admin Location Code LLF
Required Delivery Date 295
000000000 Post Award Administrator NONE AVAILABLE

P/N 55173 Manufacturer's CAGE - 0V8C5

<u>ITEM</u>		<u>QTY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
7101	PR YPC04274000828 NSN 2540-01-191-8549	1	AY	211.56	211.56

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

DELIVERY FOB: DESTINATION BY: 2004 OCT 21

PARCEL POST ADDRESS:**FREIGHT ADDRESS:**

FB6331
FB6331 145 AW LGTT
BLDG 1 CML PHN 704 391 4163
5225 MORRIS FIELD DR
CHARLOTTE, NC 28208-5704

M/F: (TCN) FB633142670017B
RDD: 17-OCT-04 PROJ:
PRIORITY: 12

END OF AWARD