

# 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>SP0740-05-D-5A16</b>		2. DELIVERY ORDER NO. <b>0001</b>		3. DATE OF ORDER (YYMMDD) <b>2004 OCT 31</b>		4. REQUISITION/PURCH REQUEST NO. <b>YPC04299000493</b>		5. PRIORITY <b>DOA1</b>			
6. ISSUED BY CODE <b>SP0700</b> <b>Defense Supply Center Columbus P.O. Box 3990 Columbus, OH 43218-3990 Local Administrator: PAABA0E (614)692-2196 / FAX: (614)693-1539 E-mail: Ruth.A.Harris@dla.mil</b>				7. ADMINISTERED BY (If other than 6) CODE <b>SC0700</b> <b>DEFENSE SUPPLY CENTER COLUMB DSCC-ABB0A 614-692-2196 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 CODE <b>1CXT7</b> <b>CENTURY COMPONENTS CORP 5524 MIDWAY RD STE 1 FORT WORTH TX 76117-0471</b>				FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) <b>90 DAYS ADO</b>		11. MARK IF BUSINESS IS <input checked="" type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input checked="" type="checkbox"/> WOMEN-OWNED			
NAME AND ADDRESS				12. DISCOUNT TERMS		13. MAIL INVOICES TO <b>See Block 15</b>					
14. SHIP TO CODE <b>See Schedule - Do Not Ship to Address in Block 6</b>				15. PAYMENT WILL BE MADE BY CODE <b>S33181</b> <b>S33181 DFAS COLUMBUS CENTER ATTN DFAS CO BVD/PCC/CC CONSTRUCTION 3990 E BROAD ST PO BOX 182317 COLUMBUS OH 43218-6203</b>				MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER			
EFT: T											

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 APR 06</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  
**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
	<b>Remarks: 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>Barry Goldfarb</b> <b>PAABA11</b> BY: TRACTING/ORDERING OFFICER HER NO.		25. TOTAL <b>\$ 4820.00</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 _____		31. 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 _____		33. AMOUNT VERIFIED CORRECT FOR		34. CHECK NUMBER	
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.					

All terms and conditions of Basic SP074005D5A16 apply

SECTION B

PR YPC04299000493  
NSN 4320-01-163-1575

ITEM DESCRIPTION:

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CRITICAL APPLICATION ITEM  
PARTS KIT,RECIPROCA  
THIS KIT CONSISTS OF VARIOUS QUANTITIES OF 11  
DIFFERENT DYNAPOWER/STRATOPOWER P/NS.  
THE ITEM NAMES, P/NS, & QUANTITIES ARE AS  
FOLLOWS:  
SCREW \*\*\*\*\* P/N 920569 \*\*\*\*\* 4 EACH.  
SCREW \*\*\*\*\* P/N 930810 \*\*\*\*\* 4 EACH.  
SHIM \*\*\*\*\* P/N 932788 \*\*\*\*\* 1 EACH.  
SPRING \*\*\*\*\* P/N 932756 \*\*\*\*\* 1 EACH.  
SCREW \*\*\*\*\* P/N 935070 OR 5580-8 \*\*\* 6 EACH.  
GASKET SHIM \*\*\* P/N 932896 \*\*\*\*\* 1 EACH.  
GASKET SHIM \*\*\* P/N 932897 \*\*\*\*\* 1 EACH.  
GASKET SHIM \*\*\* P/N 932898 \*\*\*\*\* 1 EACH.  
GASKET SHIM \*\*\* P/N 932899 \*\*\*\*\* 1 EACH.  
GASKET SHIM \*\*\* P/N 932900 \*\*\*\*\* 1 EACH.  
GASKET SHIM \*\*\* P/N 932901 \*\*\*\*\* 1 EACH.  
OKLAHOMA CITY AIR LOGISTICS CENTER 98748 P/N 83B47304

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001	YPC04299000493	0001	10	EA	\$482.00000	\$4820.00

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

PREP FOR DELIVERY

PKGING DATA - MIL-STD-2073-1D, 15 DEC 1999  
QUP = 001: PRES MTHD = ZZ: CLNG/DRY = X: PRESV MAT = XX:  
WRAP MAT = XX: CUSH/DUNN MAT = XX: CUSH/DUNN THKNESS = X:  
UNIT CONT = XX: OPI = 0:  
INTRMDTE CONT = E5: INTRMDTE CONT QTY = AAA:  
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

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## SECTION B

DATED 3029  
SUPPLEMENTAL INSTRUCTIONS

'PRESERVATION & PACKAGING SHALL BE  
I/A/W THE LATEST REVISION OF FEDERAL  
SPECIFICATION MIL-STD-2073 APPENDIX D,  
FOR PACKAGING OF 'KITS'.

For all shipments of packaged materiel to the government, which includes either depot (DLA-direct) or DVD (customer-direct) shipments, both DoD linear and 2-D bar code markings are required on military shipping labels in accordance with MIL-STD-129, revision P, dated December 15, 2002. 2-D bar coding shall be in accordance with ISO/IEC 15438, ISO/IEC 15434 (ANSI MH10.8.3) and DoD 4500.9-R. MSL linear (code 3 of 9 or code 39) bar coding shall be in accordance with ISO/IEC 16388. MSL label stock quality shall meet MIL-PRF-61002. MSL bar code print quality shall meet ANSI MH10.8-2000 or ANSI X3.182-1990 (R2000) for applicable 2-D and/or linear bar codes. All DVD shipments shall meet additional linear bar coding requirements in DLAD 52.211-9008. When the contract/order omits any data element required to be bar-coded, the field shall be zero-filled. These requirements do not apply to delivery orders when the basic contract has not been modified to require MIL-STD-129P. If there are inconsistencies between the schedule and MIL-STD-129P, the schedule takes precedence.

DELIVER FOB: DESTINATION BY: 2005 JAN 29

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

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**SECTION B**

NON-MILSTRIP  
PROJ

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REMIT PAYMENT TO:

\* \* \* \* \*

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CONTINUATION SHEET

Order Number:  
SP0740-05-D-5A16-0001

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THE PURCHASE ORDER CLAUSES ARE APPLICABLE AS INDICATED IN THE  
DSCC MASTER SOLICITATION FOR AUTOMATED SOLICITATIONS AND  
RESULTING AWARDS REVISION 15 FOUND ON THE DSCC WEB SITE AT  
<http://dibbs.dsc.dla.mil/refs/provclauses/>