ORDER FOR SUPPLIES OR SERVICES

1.CONTRACT/PURCH ORDER/AGREEMENT NO.	2. DELIVERY ORDER/CALL NO.	3.DATE OF ORDER/CALL (YYYYMMDD)	4.REQUISITION/PURCH REQUEST NO	5.PRIORITY
SPM200-99-D-7150	09FU	20040902	0010693349	DO-C9

6.ISSUED BY CODE SP0200
DSCP DIR OF MEDICAL MATERIAL
700 ROBBINS AVENUE
PHILADELPHIA PA 19111-5096
Denise Taubman 215-737-8395

7.ADMINISTERED BY *(IF OTHER THAN 6)* CODE SP0200
DSCP DIR OF MEDICAL MATERIAL
PROCUREMENT AND PRODUCTION DIV
700 ROBBINS AVENUE
PHILADELPHIA PA 19111-5096

8. DELIVERY FOB
|X| DESTINATION
| | OTHER (See Schedule if other)

9.CONTRACTOR CODE 0XP01 FACILITY
AMERICAN MEDICAL DEPOT
4380 NW 135TH STREET
OPA LOCKA FL 33054-4418
USA

10.DELIVER TO FOB POINT BY *(DATE)* *(YYYYMMDD)*
20040917

11.X IF BUSINESS IS
|X| SMALL
|X| SMALL DISAD-VANTAGED
| | WOMEN-OWNED

12.DISCOUNT TERMS
IAW Basic

13.MAIL INVOICES TO THE ADDRESS IN BLOCK
See Block 15

14.SHIP TO CODE N23154
PCU HALSEY DDG 97
ATTN PSO
PO BOX 7003
PASCAGOULA MS 39568-7003

15. PAYMENT WILL BE MADE BY CODE SL4701
DFAS-BVDP (SL4701)
PO BOX 369031
COLUMBUS OH 43236-9031
USA
EFT:T

MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.

16. TYPE OF ORDER

DELIVERY CALL	X	This delivery order/call is issued on another Government agency or in accordance with and subject to terms and conditions of the above numbered contract.
PURCHASE		Reference your furnish the following on items 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(*YYYMMDD*)

| | If this box is marked, supplier must sign Acceptance and return the following number of copies:

17.ACCOUNTING AND APPROPRIATION DATA/LOCAL USE

BX: 97X4930 5CBX 001 2630 S33189

18.ITEM NO	19. SCHEDULE OF SUPPLIES/SERVICES	20.QUANTITY ORDERED/ ACCEPTED*	21. UNIT	22.UNIT PRICE	23. AMOUNT
	Award Sent EDI, Do Not Duplicate Shipment SEE SCHEDULE. TERMS AND CONDITIONS ARE IN ACCORDANCE WITH BASIC CONTRACT.				

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: Denise Taubman
Denise Taubman
denise.taubman@dla.mil
215-737-8395
CONTRACTING/ORDERING OFFICER

25.TOTAL $70.09
26. DIFFERENCES

27a.QUANTITY IN COLUMN 20 HAS BEEN
| |INSPECTED | |RECEIVED | |ACCEPTED AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED

b.SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE | **c.DATE** *(YYYYMMDD)* | **d.PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE**

e.MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE

f.TELEPHONE NUMBER | **g.E-MAIL ADDRESS**

28.SHIP. NO. | **29.D.O.VOUCHER NO** | **30.INITIALS**

| | PARTIAL
| | FINAL

31.PAYMENT
| | COMPLETE
| | PARTIAL
| | FINAL

32.PAID BY

33. AMOUNT VERIFIED CORRECT FOR

34. CHECK NUMBER

35. BILL OF LADING NO.

36.I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.
a.DATE *(YYYYMMDD)* | **b.SIGNATURE AND TITLE OF CERTIFYING OFFICER**

37.RECEIVED AT	38.RECEIVED BY *(PRINT)*	39.DATE RECEIVED *(YYYYMMDD)*	40.TOTAL CON-TAINERS	41.S/R ACCOUNT NUMBER	42.S/R VOUCHER NO.

SCHEDULE

NSN 6510001161311

SPONGE,SURGICAL
MFR. CAGE 06135 **P/N** 6939
QTY. VARIANCE +0.0% -0.0%

SHIP TO: SHIP BY FASTEST TRACEABLE MEANS. DO NOT USE PARCEL POST.
PARCEL:N23154
PCU HALSEY DDG 97
ATTN PSO
PO BOX 7003
PASCAGOULA MS 39568-7003
USA

ITEM	QUANTITY	U/I	UNIT PRICE	TOTAL	DELIVERY	FOB	INSP.	ACC.
0001	1.000	PG	$70.0900	$70.09	17SEP2004	DEST	DEST	DEST

MARK FOR DATA: **TCN:** N2315442465320 **RDD:** 261 **TP:** 1
SUPP ADD: N48096 **PROJ:** ZD8 **SIG:** C

GOV USE ONLY: **IDP:** 03 **DIC:** A0A **DIST:** 9L
ADV: 2A **FC:** V7

FREIGHT:
N23154
SUPSHIP PASCAGOULA MF HALSEY DDG 97
CO NORTHROP GRUMMAN INGALLS OPS
1000 ACCESS RD BLDG 221 COSAL WHSE
PASCAGOULA MS 39568-5000
USA
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