

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. SPM760-04-V-1025		2. DELIVERY ORDER NO.		3. DATE OF ORDER (YYMMDD) 2004 SEP 08		4. REQUISITION/PURCH REQUEST NO. 0010653551		5. PRIORITY DOC9	
6. ISSUED BY CODE SP0700 Defense Supply Center Columbus P.O. Box 3990 Columbus, OH 43218-3990 Local Administrator: PMCMAZI ()692-5689 / FAX: (614)693-1553 E-mail: Marjorie.Christensen@dla.mil				7. ADMINISTERED BY (If other than 6) CODE SP0700 DEFENSE SUPPLY CENTER COLUMBUS PO BOX 3990 COLUMBUS OH 43218-3990 CRITICALITY: C				8. DELIVERY FOB <input checked="" type="checkbox"/> DEST <input type="checkbox"/> OTHER <i>(See Schedule if other)</i>	
9. CONTRACTOR CODE 2X264 ALL-SAFE INC. 4767 LANGTON RD. HILLIARD OH 43026-9474 Vendor's Copy was sent EDI. Do not Duplicate shipment.				FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) 14 DAYS ADO		11. MARK IF BUSINESS IS <input checked="" type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED	
NAME AND ADDRESS				12. DISCOUNT TERMS NET 30 days		13. MAIL INVOICES TO See Block 15			
14. SHIP TO CODE See Schedule - Do Not Ship to Address in Block 6				15. PAYMENT WILL BE MADE BY CODE SL4701 DFAS BVDP (SL4701) P.O. BOX 369031 COLUMBUS OH 43236-9031 EFT: T				MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	

16. TYPE OF ORDER	DELIVERY	<input checked="" type="checkbox"/>	Reference your offer dated 2004 SEP 07, PF 9-7 and furnish the following on terms specified herein.
	PURCHASE		
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)
<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
97X 4930 5CBX 001 2630 S33189

18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
	Remarks: ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.	TOTAL: 2			

* 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 Alan Searfoss BY:		25. TOTAL \$ 118.00	
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. INV. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		28. D.O. VOUCHER NO.	
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____		31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		29. DIFFERENCE	
36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____		32. PAID BY		30. INITIALS	
37. RECEIVED AT		38. RECEIVED BY (Print)		33. AMOUNT VERIFIED CORRECT FOR	
39. DATE RECEIVED (YYMMDD)		40. TOTAL CONTAINERS		34. CHECK NUMBER	
		41. S/R ACCOUNT NUMBER		35. BILL OF LADING NO.	
		42. S/R VOUCHER NO.			

SECTION B

PR 0010653551
NSN 4820-00-289-2121

ITEM DESCRIPTION:

VALVE,PRESSURE REGULATING.
3/4 IN. VALVE SIZE (Fast Fill Valve)

NO DATA IS AVAILABLE. THE ALTERNATE OFFEROR IS
REQUIRED TO PROVIDE A COMPLETE DATA PACKAGE
INCLUDING DATA FOR THE APPROVED AND ALTERNATE
PART FOR EVALUATION.

AMTROL INC (59975) P/N 11F

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001	0010653551	0001	2	EA	\$59.00000	\$118.00

QTY VARIANCE: PLUS 0% MINUS 0%
INSP/ACCEP POINT: I/A/W FAST PAY PROCEDURES

PREP FOR DELIVERY

PKGING DATA - QUP 001:

SHALL BE PACKAGED STANDARD COMMERCIAL IN ACCORDANCE WITH ASTM D 3951.

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

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SECTION B

there are inconsistencies between the schedule
and MIL-STD-129P, the schedule takes precedence.

DELIVER FOB: DESTINATION BY: 2004 SEP 22

PARCEL POST/FREIGHT ADDRESS:

FB3029
FB3029
TW LG CML PHN 580 213 7687
347 SCOTT RD STE 122
VANCE AFB OK 73705-5511
US

M/F: (TCN) FB302942290036 XXX
RDD 2
PROJ TP 3
SUP ADD YCW900 SIG A

FOR GOVERNMENT USE ONLY: IPD 15

DIC A0A DIST 01 ADV 2D FC 6C

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REMIT PAYMENT TO:

* * * * *

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CONTINUATION SHEET

Order Number:

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THE PURCHASE ORDER CLAUSES ARE APPLICABLE AS INDICATED IN THE
DLA MASTER SOLICITATION FOR AUTOMATED SOLICITATIONS AND
RESULTING AWARDS REVISION 04 FOUND ON THE WEB SITE AT
<https://www.dibbs.bsm.dla.mil/>