

# 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.**

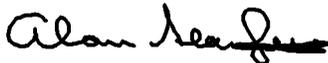
|  |  |  |   |  |   |  |                            |  |
|--|--|--|---|--|---|--|----------------------------|--|
| 1. CONTRACT/PURCH ORDER NO.<br><b>SPM760-04-V-1132</b>   |  | 2. DELIVERY ORDER NO.  |   | 3. DATE OF ORDER<br>(YYMMDD)<br><b>2004 SEP 15</b>                   | 4. REQUISITION/PURCH REQUEST NO.<br><b>0010617825</b> |  | 5. PRIORITY<br><b>DOC9</b> |  |
| 6. ISSUED BY<br>CODE <b>SP0700</b><br><b>Defense Supply Center Columbus<br/>P.O. Box 3990<br/>Columbus, OH 43218-3990<br/>Local Administrator: PMCMZ2 ( ) 692-1195 / FAX: (614)693-1553<br/>E-mail: gary.meyer@dla.mil</b> |  |  | 7. ADMINISTERED BY (If other than 6)<br>CODE <b>SP0700</b><br><b>DEFENSE SUPPLY CENTER COLUMBUS<br/>PO BOX 3990<br/>COLUMBUS OH 43218-3990</b><br><b>CRITICALITY: C</b> |  |   | 8. DELIVERY FOB<br><input checked="" type="checkbox"/> DEST<br><input type="checkbox"/> OTHER<br>(See Schedule if other)                                     |                            |  |
| 9. CONTRACTOR<br>CODE <b>5E074</b><br><b>HOWCO DISTRIBUTING CO INC<br/>5226 NE 105TH AVE<br/>PORTLAND OR 97220-1110<br/>Vendor's Copy was sent EDI. Do not Duplicate shipment.</b>   |  | FACILITY CODE  |   | 10. DELIVER TO FOB POINT BY (Date)<br>(YYMMDD)<br><b>30 DAYS ADO</b> |   | 11. MARK IF BUSINESS IS<br><input checked="" type="checkbox"/> SMALL<br><input type="checkbox"/> SMALL DISADVANTAGED<br><input type="checkbox"/> WOMEN-OWNED |                            |  |
| NAME AND ADDRESS   |  | 12. DISCOUNT TERMS<br><b>NET 30 days</b>   |   | 13. MAIL INVOICES TO<br><b>See Block 15</b>                          |   |  |                            |  |
| 14. SHIP TO<br>CODE<br><b>See Schedule - Do Not Ship to Address in Block 6</b>   |  | 15. PAYMENT WILL BE MADE BY<br>CODE <b>SL4701</b><br><b>DFAS BVDP (SL4701)<br/>P.O. BOX 369031<br/>COLUMBUS OH 43236-9031</b><br><b>EFT: T</b> |   | MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER           |   |  |                            |  |

|                   |          |                          |          |                                     |  |
|-------------------|----------|--------------------------|----------|-------------------------------------|--|
| 16. TYPE OF ORDER | DELIVERY | <input type="checkbox"/> | PURCHASE | <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 AUG 24</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> |
|-------------------|----------|--------------------------|----------|-------------------------------------|--|

|                          |   |           |                      |                      |
|--------------------------|---|-----------|----------------------|----------------------|
| <input type="checkbox"/> | 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  
**BX:97X 4930 5CBX 001 2630 S33**

| 18. ITEM NO. | 19. SCHEDULE OF SUPPLIES/SERVICE | 20. QUANTITY ORDERED/ACCEPTED* | 21. UNIT | 22. UNIT PRICE | 23. AMOUNT |
|--------------|----------------------------------|--------------------------------|----------|----------------|------------|
|              |                                  | <b>TOTAL:<br/>1</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>Alan Searfoss</b><br>BY:  |  | 25. TOTAL <b>\$ 42.00</b>       |  |
| 26. QUANTITY IN COLUMN 20 HAS BEEN<br><input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED |  | 27. SHIP. INO.<br><input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL   |  | 28. D.O. VOUCHER NO.            |  |
| DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____   |  | 31. PAYMENT<br><input type="checkbox"/> COMPLETE<br><input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL                       |  | 29. DIFFERENCE                  |  |
| 36. I certify this account is correct and proper for payment.<br>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   |  | 42. S/R VOUCHER NO.  |  | 35. BILL OF LADING NO.          |  |

## SECTION B

PR 0010617825  
NSN 4820-01-421-8752

## ITEM DESCRIPTION:

VALVE,CHECK

ADEQUATE DATA FOR THE EVALUATION OF ALTERNATE OFFERS IS NOT AVAILABLE AT THE PROCUREMENT AGENCY. THE OFFEROR MUST PROVIDE A COMPLETE DATA PACKAGE INCLUDING DATA FOR THE APPROVED AND ALTERNATE PART FOR EVALUATION.

CLARK MATERIAL HANDLING COMPANY (89749) P/N 905716

| <u>ITEM</u> | <u>PR</u>  | <u>PRLI</u> | <u>QUANTITY</u> | <u>UNIT</u> | <u>UNIT PRICE</u> | <u>AMOUNT</u> |
|-------------|------------|-------------|-----------------|-------------|-------------------|---------------|
| 0001        | 0010617825 | 0001        | 1               | EA          | \$42.00000        | \$42.00       |

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 OCT 15

PARCEL POST/FREIGHT ADDRESS:

W34XYM  
SR 0626 CS BN FWD MNT COASLT  
AWCF SSF BLDG 5505A WICKHAM  
SCREAMING EAGLE LOGISTICS COMPLEX  
FT CAMPBELL KY 42223-5000  
US

M/F: (TCN) W34XYM42100295 XXX  
RDD  
PROJ 9GQ TP 2  
SUP ADD W9046W SIG C

FOR GOVERNMENT USE ONLY: IPD 05

DIC A0A DIST V ADV 2A FC Z9

\* \* \* \* \*

REMIT PAYMENT TO:

\* \* \* \* \*

CONTINUED ON NEXT PAGE

CONTINUATION SHEET

Order Number:

SPM760-04-V-1132

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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/>