

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-1219		2. DELIVERY ORDER NO.		3. DATE OF ORDER (YYMMDD) 2004 SEP 23		4. REQUISITION/PURCH REQUEST NO. 0010712132		5. PRIORITY DOC9			
6. ISSUED BY CODE SP0700 Defense Supply Center Columbus P.O. Box 3990 Columbus, OH 43218-3990 Local Administrator: PMCMAZA ()692-2696 / FAX: (614)693-1553 E-mail: Jeannine.Taylor@dla.mil				7. ADMINISTERED BY (If other than 6) CODE SP0700 DEFENSE SUPPLY CENTER COLUMBUS PO BOX 3990 COLUMBUS OH 43218-3990				8. DELIVERY FOB <input checked="" type="checkbox"/> DEST <input type="checkbox"/> OTHER <i>(See Schedule if other)</i>			
9. CONTRACTOR CODE 08LF6 NEOGENERATIONS DEVICES & TECHNOLOGI 12B W MAIN ST ELMSFORD NY 10523-2401				FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) 46 DAYS ADO		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input checked="" 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				MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER			
EFT: T											

16. TYPE OF ORDER		This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.							
DELIVERY		Reference your offer dated 2004 SEP 17, SPM70004T2974 and furnish the following on terms specified herein.							
PURCHASE		<input checked="" type="checkbox"/> 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
BX: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
		TOTAL: 5			

* 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 \$ 1305.00	
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 0010712132
NSN 4310-01-302-3526

ITEM DESCRIPTION:

PARTS KIT, VACUUM PUMP.

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.

TUTHILL CORPORATION (33781) P/N 809465 00BM

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001	0010712132	0001	5	KT	\$261.00000	\$1305.00

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 = O:
INTRMDTE CONT = XX: 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 MD00100452 REV A
DATED 4090

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

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SECTION B

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: 2004 NOV 08

PARCEL POST ADDRESS:

W62G2T
XU DEF DIST DEPOT SAN JOAQUIN
TRANSPORTATION OFFICER
PO BOX 960001
STOCKTON CA 95296-0130
US

FREIGHT SHIPPING ADDRESS:

W62G2T
XU DEF DIST DEPOT SAN JOAQUIN
25600 S CHRISMAN ROAD
REC WHSE 10 PH 209 839 4307
TRACY CA 95304-5000
US

NON-MILSTRIP
PROJ

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CONTINUED ON NEXT PAGE

SECTION B

REMIT PAYMENT TO:

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CONTINUED ON NEXT PAGE

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/>