

ORDER FOR SUPPLIES OR SERVICES
(Contractor must submit four copies of Invoice)

Form Approved
OMB No. 0704-0187
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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 22202-4304, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, D.C. 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.		2. DELIVERY ORDER NO.		3. DATE OF ORDER		4. REQUISITION/PURCH REQUEST NO.		5. PRIORITY	
6. ISSUED BY		CODE		7. ADMINISTERED BY: (If other than 6)		CODE		8. DELIVERY FOB	
								<input type="checkbox"/> DEST <input type="checkbox"/> OTHER (See schedule if other)	
9. CONTRACTOR/QUOTER		CODE		FACILITY CODE		10. DELIVER TO FOB POINT BY:		11. MARK IF BUSINESS IS	
NAME AND ADDRESS								<input type="checkbox"/> Small <input type="checkbox"/> Small Disadvantaged <input type="checkbox"/> Women-Owned	
14. SHIP TO:		CODE		15. PAYMENT WILL BE MADE BY:		CODE		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	

16. TYPE OF ORDER	DELIVERY	This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.							
	PURCHASE	Reference your _____ furnish the following on terms 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 (YYMMDD)
<input type="checkbox"/>	If this box is marked, supplier must sign Acceptance and return the following number of _____		

17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE

18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICES	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT

*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	25. TOTAL
	BY: _____	29. DIFFER.
	CONTRACTING/ORDERING OFFICER	

26. QUANTITY IN COLUMN 20 HAS BEEN		27. SHIP. NO.		28. D.O. VOUCHER NO.		30. INITIALS	
<input type="checkbox"/> INSPECTED	<input type="checkbox"/> RECEIVED	ACCEPTED AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED		<input type="checkbox"/> PARTIAL	32. PAID BY		33. AMT VERIFIED CORRECT FOR
DATE _____		SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE		<input type="checkbox"/> COMPLETE	34. CHECK NUMBER		35. BILL OF LADING NO.
36. I certify this amount is correct and proper for payment.		31. PAYMENT		<input type="checkbox"/> PARTIAL	37. RECEIVED AT		42. S/R VOUCHER NO.
DATE _____		SIGNATURE AND TITLE OF CERTIFYING OFFICER		<input type="checkbox"/> FINAL	38. RECEIVED BY (Print)		41. S/R ACCOUNT NO.
39. DATE		40. TOTAL CONTAINERS		41. S/R ACCOUNT NO.		42. S/R VOUCHER NO.	