

| ORDER FOR SUPPLIES OR SERVICES  |   |   |                              | PAGE               | OF PAGES      |                                 |
|---|---|---|------------------------------|--------------------|---------------|---------------------------------|
| IMPORTANT: Mark all packages and papers with contract and/or order numbers. |   |   |                              | 1                  |               |                                 |
| 1. DATE OF ORDER  | 2. CONTRACT NO. (If any)                | 3. ORDER NO   | 4. REQUISITION/REFERENCE NO. |                    |               |                                 |
| 5. ISSUING OFFICE (Address correspondence to)                               |   | 6. SHIP TO: (Consignee and address ZIP Code)  |                              |                    |               |                                 |
| 7. TO: CONTRACTOR ( Name, address and ZIP Code)                             |   | SHIP VIA:   |                              |                    |               |                                 |
|   |   | 6. TYPE OF ORDER<br><input type="checkbox"/> A. PURCHASE—Reference your _____<br><br>Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheets, if any, including delivery as indicated. This purchase is negotiated under authority of:<br><br><input type="checkbox"/> B. DELIVERY—Except for billing Instructions on the reverse, this delivery order is subject to instruction contained on this side only of this form and is issued subject to the terms and conditions of the above-numbered contract. |                              |                    |               |                                 |
| 9. ACCOUNTING AND APPROPRIATION DATA  |   | 10. REQUISITIONING OFFICE   |                              |                    |               |                                 |
|   |   | 11. BUSINESS CLASSIFICATION (Check appropriate box(es))<br>OTHER THAN <input type="checkbox"/> SMALL OWNED      DIS ADVAN- <input type="checkbox"/> SMALL TAGED      WOMEN- <input type="checkbox"/>  |                              |                    |               |                                 |
| 12. F .O. B. POINT  | 14. GOVERNMENT B/L NO.                  | 15. DELIVER TO F .O.B. POINT ON OR BEFORE (Date)  |                              | 16. DISCOUNT TERMS |               |                                 |
| 13. PLACE OF INSPECTION AND ACCEPTANCE                                      |   |   |                              |                    |               |                                 |
| 17. SCHEDULE (See reverse for Rejections)                                   |   |   |                              |                    |               |                                 |
| ITEM NO.<br>(A)   | SUPPLIES OR SERVICES<br>(B)             | QUANTITY ORDERED<br>(C)   | UNIT<br>(D)                  | UNIT PRICE<br>(E)  | AMOUNT<br>(F) | QUANTITY ACCEPTED<br>(G)        |
|   |   |   |                              |                    |               |                                 |
| <b>SEE BILLING INSTRUCTIONS ON REVERSE</b>                                  | 18. SHIPPING POINT                      | 19. GROSS SHIPPING WEIGHT   | 20. INVOICE NO.              |                    |               | 17.(H) TOT-AL (Consignee pages) |
|   | 21. MAIL INVOICE TO: (Include ZIP Code) |   |                              |                    |               | 17.(I) GRAND TOTAL              |
| 22. UNITED STATES OF AMERICA<br>BY (Signature)                              |   |   | 23. NAME (Typed)             |                    |               |                                 |