

# ORDER FOR SUPPLIES OR SERVICES

1. CONTRACT/PURCHASE ORDER NO.		2. DELIVERY ORDER NO.		3. DATE OF ORDER (YYMMDD)	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		CODE	FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD)		11. MARK IF BUSINESS IS		
NAME AND ADDRESS				•		12. DISCOUNT TERMS		<input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMAN-OWNED	
						13. MAIL INVOICES TO			
						SHIP TO		CODE	15. PAYMENT WILL BE MADE BY

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 \_\_\_\_\_  
 If this box is marked, supplier must sign Acceptance and return the following number of copies:

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	
26. QUANTITY IN COLUMN 20 HAS BEEN		27. SHIP. NO.		28. D.O. VOUCHER NO.	
<input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED	DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____		<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	30. INITIALS	
36. I certify this account is correct and proper for payment		31. PAYMENT		32. PAID BY	
DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____		<input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		33. AMOUNT VERIFIED CORRECT FOR	
37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYMMDD)	
40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.	
34. CHECK NUMBER		35. BILL OF LADING NO.		29. DIFFERENCES	