

ORDER FOR SUPPLIES OR SERVICES					PAGE 1 OF			
1. CONTRACT/PURCH ORDER/AGREEMENT NO.		2. DELIVERY ORDER/CALL NO.		3. DATE OF ORDER/CALL (YYYYMMDD)	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"/> DESTINATION <input type="checkbox"/> OTHER <i>(See Schedule if other)</i>	
9. CONTRACTOR			CODE	FACILITY	10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD)		11. X IF BUSINESS IS	
NAME AND ADDRESS					12. DISCOUNT TERMS		<input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED	
							13. MAIL INVOICES TO THE ADDRESS IN BLOCK	
14. SHIP TO			CODE	15. PAYMENT WILL BE MADE BY			CODE	MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.
16. TYPE OF ORDER	DELIVERY/ CALL	This delivery order/call 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.							
<b>ACCEPTANCE.</b> 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 (YYYYMMDD)		
<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								
18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICES				20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
								\$0.00
								\$0.00
								\$0.00
* 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	\$0.00
				BY: _____ CONTRACTING/ORDERING OFFICER			29. DIFFERENCES	
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	<input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED		<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR	
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE				31. PAYMENT			34. CHECK NUMBER	
36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.				<input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL			35. BILL OF LADING NO.	
DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER								
37. RECEIVED AT	38. RECEIVED BY (Print)		39. DATE RECEIVED (YYYYMMDD)	40. TOTAL CONTAINERS	41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.	