

ORDER FOR SUPPLIES OR SERVICES

(Contractor must submit four copies of invoice)

Form Approved
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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 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 N68939-97-D-0041		2. DELIVERY ORDER NO See DFAR 204.7004 (d) (2) (I) for instructions		3. DATE OF ORDER		4. REQUISITION PURCH REQUEST NO Appropriate requisition number from requesting activity		5. PRIORIT As Appropriate	
6. ISSUED BY CODE UIC/DODAAC			7. ADMINISTERED BY (If other than Item 6) CODE S2203A			8. DELIVERY FOR <input checked="" type="checkbox"/> DEST <input type="checkbox"/> OTHER (See Schedule if other)			
Address of Contracting Office issuing delivery order. Contract paragraph G5.1 authorizes warranted Contracting Officers whose warrant allows purchase of this type/dollar to issue Orders.			DCMC Boston-GD 77 "A" Street Needham Heights, MA 02494-2892						
9. CONTRACTOR CODE 2D423		FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) IAW Contract		12. DISCOUNT TERMS Net			
NAME AND ADDRESS General Dynamics Government Systems Corporation Worldwide Telecommunication Systems 77 "A" Street Needham Heights, MA 02494-2892				13. MAIL INVOICES TO Insert appropriate address here		11. MAIL INVOICES TO <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED			
14. SHIP TO CODE UIC/DODAAC		SC1016		DFAS - Columbus Center DFAS-CO/ Bunker Hill Division P.O. Box 182077 Columbus, OH 43218-2077		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER			
16. TYPE OF ORDER		DELIVERY xx		This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. Reference your QUOTE: 1#67913 dated 11/07/95 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 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 Contracting Office issuing order, enter appropriate Accounting and Appropriation data in this block.									
18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICES	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT				
1	9999AA – High Speed Gigabox, ABC Corp, p/n 12345-67 Partial Shipments and Payments are Authorized.	3	EA	\$ 4,200.10	\$ 12,600.30				
* 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 (Enter total amount)					
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 NO		28. DO VOUCHER NO		29. DIFFERENCES			
DATE SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE		<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		30. INITIALS			
36. I certify this account is correct and proper for payment.		31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		33. AMOUNT VERIFIED CORRECT FOR		34. CHECK NUMBER			
DATE SIGNATURE AND TITLE OF CERTIFYING OFFICER				35. BILL OF LADING NO					
37. RECEIVED AT	38. RECEIVED BY (Print)	39. DATE RECEIVED	40. TOTAL CONTAINERS	41. S/R ACCOUNT NUMBER	42. S/R VOUCHER NO				