ORDER FOR SUPPLIES OR SERVICES

PAGE 1 OF 1

1. CONTRACT/PURCH ORDER/AGREEMENT NO.	2. DELIVERY ORDER/CALL NO.	3. DATE OF ORDER/CALL (YYYYMMMDD)	4. REQUISITION/PURCH REQUEST NO.	5. PRIORITY
DESC Contract No.			Ship's requisition number	

6. ISSUED BY CODE Your UIC
Your Activity
(Complete address and code)

7. ADMINISTERED BY (If other than 6) CODE
Defense Energy Support Center
8725 John J. Kingman Road, Suite 3815
Fort Belvoir, VA 22060-6222

8. DELIVERY FOB
[X] DESTINATION
[ ] OTHER (See Schedule if other)

9. CONTRACTOR CODE
FACILITY CODE
NAME AND ADDRESS
Complete contractor address

10. DELIVER TO FOB POINT BY (Date) (YYYYMMMDD)

11. X IF BUSINESS IS
[ ] SMALL
[ ] SMALL DISADVANTAGED
[ ] WOMEN-OWNED

12. DISCOUNT TERMS

13. MAIL INVOICES TO THE ADDRESS IN BLOCK
See block 15

14. SHIP TO CODE
Give specifics of exact location of vessel

15. PAYMENT WILL BE MADE BY CODE
Defense Finance & Accounting Service - Columbus Center, Fuels Accounting & Payments Div, ATTN: DFAS-CO-SFFB, P.O. Box 182317, Columbus, OH 43218-6251

MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.

16. TYPE OF ORDER

DELIVERY/CALL	X	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.

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 (YYYYMMMDD)

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

17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE
97X4930.5CF0 261 1 S33150 (UIC of Ship)(Fund Code)(4 zeroes)

18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICES	20. QUANTITY ORDERED/ ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
571-61	Marine Gas Oil (MGO)	200	MT		
	Signal Code: A				
	Fund Code: 39 or 43				

*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
BY: CONTRACTING/ORDERING OFFICER

25. TOTAL
29. DIFFERENCES

26. QUANTITY IN COLUMN 20 HAS BEEN
[ ] INSPECTED [ ] RECEIVED [ ] ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED
DATE | SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE

27. SHIP. NO.
[ ] PARTIAL
[ ] FINAL

28. D.O. VOUCHER NO.

30. INITIALS

32. PAID BY

33. AMOUNT VERIFIED CORRECT FOR

36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.
DATE | SIGNATURE AND TITLE OF CERTIFYING OFFICER

31. PAYMENT
[ ] COMPLETE
[ ] PARTIAL
[ ] FINAL

34. CHECK NUMBER

35. BILL OF LADING NO.

37. RECEIVED AT	38. RECEIVED BY (Print)	39. DATE RECEIVED (YYYYMMMDD)	40. TOTAL CONTAINERS	41. S/R ACCOUNT NUMBER	42. S/R VOUCHER NO.