

ORDER FOR SUPPLIES OR SERVICES

IMPORTANT: Mark all packages and papers with contract and/or order numbers.

1. DATE OF ORDER	2. CONTRACT NO. <i>(If any)</i>	6. SHIP TO:	
3. ORDER NO.	4. REQUISITION/REFERENCE NO.	a. NAME OF CONSIGNEE	
5. ISSUING OFFICE <i>(Address correspondence to)</i>		b. STREET ADDRESS	
7. TO:		c. CITY	d. STATE e. ZIP CODE
a. NAME OF CONTRACTOR		f. SHIP VIA	
b. COMPANY NAME		8. TYPE OF ORDER	
c. STREET ADDRESS		<input type="checkbox"/> a. PURCHASE REFERENCE YOUR: _____ Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated.	
d. CITY	e. STATE	f. ZIP CODE	<input type="checkbox"/> b. DELIVERY -- Except for billing instructions on the reverse, this delivery order is subject to instructions 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 <i>(Check appropriate box(es))</i>				12. F.O.B. POINT	
<input type="checkbox"/> a. SMALL	<input type="checkbox"/> b. OTHER THAN SMALL	<input type="checkbox"/> c. DISADVANTAGED	<input type="checkbox"/> d. WOMEN-OWNED	<input type="checkbox"/> e. HUBZone	
<input type="checkbox"/> f. SERVICE-DISABLED VETERAN-OWNED	<input type="checkbox"/> g. WOMEN-OWNED SMALL BUSINESS (WOSB)	<input type="checkbox"/> h. ECONOMICALLY DISADVANTAGED WOMEN-OWNED SMALL BUSINESS (EDWOSB) UNDER THE WOMEN-OWNED SMALL BUSINESS PROGRAM			
13. PLACE OF		14. GOVERNMENT B/L NO.	15. DELIVER TO F.O.B. POINT ON OR BEFORE <i>(Date)</i>		16. DISCOUNT TERMS
a. INSPECTION	b. ACCEPTANCE				

17. SCHEDULE *(See reverse for Rejections)*

ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)

SEE BILLING INSTRUCTIONS ON REVERSE	18. SHIPPING POINT	19. GROSS SHIPPING WEIGHT	20. INVOICE NO.		17(h) TOT. △ <i>(Cont. pages)</i>
	21. MAIL INVOICE TO:				
	a. NAME				
	b. STREET ADDRESS <i>(or P.O. Box)</i>				
	c. CITY	d. STATE	e. ZIP CODE	\$	17(i) △ GRAND TOTAL

22. UNITED STATES OF AMERICA BY <i>(Signature)</i> ▶	23. NAME <i>(Typed)</i>
TITLE: CONTRACTING/ORDERING OFFICER	