# ORDER FOR SUPPLIES OR SERVICES



FMS Requirement

1. CONTRACT/PURCH. ORDER/ AGREEMENT NO.: N0001919G0029
2. DELIVERY ORDER/ CALL NO.: N6893623F0009
3. DATE OF ORDER/CALL (YYYYMMMDD): 2023 Sep 28
4. REQ./ PURCH. REQUEST NO.: 1301115336
5. PRIORITY: DO-A1

6. ISSUED BY — CODE: N68936
CDR NAWCWD CODE D230000
ATTN: (b) (6)
(b) (6)
1 ADMINISTRATION CIRCLE, STOP 1303
CHINA LAKE CA 93555

7. ADMINISTERED BY *(if other than 6)* — CODE: S3315A
DPRO
DPRO IBM OWEGO
ROUTE 17C
OWEGO NY 13827-1298
SCD: C

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

9. CONTRACTOR — CODE: 03640 — FACILITY:
NAME AND ADDRESS:
LOCKHEED MARTIN CORPORATION
LOCKHEED MARTIN
(b) (6)
1801 STATE RT 17 C
OWEGO NY 13827-3900

10. DELIVER TO FOB POINT BY (Date) (YYYYMMMDD): SEE SCHEDULE

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

12. DISCOUNT TERMS:

13. MAIL INVOICES TO THE ADDRESS IN BLOCK: See Item 15

14. SHIP TO — CODE:
**SEE SCHEDULE**

15. PAYMENT WILL BE MADE BY — CODE: HQ0337
DFAS - COLUMBUS CENTER
NORTH ENTITLEMENT OPERATIONS
PO BOX 182317
COLUMBUS OH 43218-2317

**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 quote dated
  Furnish the following on terms specified herein. REF:

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)

[X] If this box is marked, supplier must sign Acceptance and return the following number of copies: 1

17. ACCOUNTING AND APPROPRIATION DATA/ LOCAL USE
**See Schedule**

| 18. ITEM NO. | 19. SCHEDULE OF SUPPLIES/ SERVICES | 20. QUANTITY ORDERED/ ACCEPTED* | 21. UNIT | 22. UNIT PRICE | 23. AMOUNT |
|---|---|---|---|---|---|
| | **SEE SCHEDULE** | | | | |

* *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
TEL: (760) 608-2715
EMAIL: daryl.t.magdangal.civ@us.navy.mil
BY: Daryl Magdangal — CONTRACTING / ORDERING OFFICER

25. TOTAL: $630,341.36
26. DIFFERENCES:

27a. QUANTITY IN COLUMN 20 HAS BEEN
[ ] INSPECTED [ ] RECEIVED [ ] ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED

b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE
c. DATE (YYYYMMMDD)
d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE
e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE
f. TELEPHONE NUMBER
g. E-MAIL ADDRESS

28. SHIP NO.
29. DO VOUCHER NO.
30. INITIALS
[ ] PARTIAL
[ ] FINAL
31. PAYMENT
[ ] COMPLETE
[ ] PARTIAL
[ ] FINAL
32. PAID BY
33. AMOUNT VERIFIED CORRECT FOR
34. CHECK NUMBER
35. BILL OF LADING NO.

**36. I certify this account is correct and proper for payment.**
a. DATE (YYYYMMMDD)
b. SIGNATURE AND TITLE OF CERTIFYING OFFICER

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