

ORDER FOR SUPPLIES OR SERVICES					PAGE 1 OF 2
1. CONTRACT/PURCH ORDER NO N00178-16-D-8974	2. DELIVERY ORDER NO 0001	3. DATE OF ORDER 30 JUNE 2016	4. REQUISITION PURCH REQUEST NO See Block 17	5. PRIORITY	
6. ISSUED BY Naval Surface Warfare Center, Dahlgren Division Attn: Code 022 17632 Dahlgren Road, Suite 157 Dahlgren, VA 22448-5110 Email: seaport_epco@navy.mil		7. ADMINISTERED BY (If other than Item 6) DCMA Albuquerque 8601 Frost Avenue Bldg 20203B Kirkland AFB, NM 87117	8. DELIVERY FOR <input checked="" type="checkbox"/> DEST OTHER (Source) <i>(See Schedule if other)</i>		CODE N00178
9. CONTRACTOR R & M Government Services, Inc. 650 Montana Ave, Ste A Las Cruces, NM 88001		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) See Schedule	12. DISCOUNT TERMS Net 30 days		13. MAIL INVOICES TO See Block 15
14. SHIP TO See Schedule		15. PAYMENT WILL BE MADE BY HQ0339 DFAS-CO/West Entitlement Operations P.O. Box 182381 Columbus, OH 43218-2381		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	
16 TYPE OF ORDER	DELIVERY <input checked="" type="checkbox"/>	X 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 _____ 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	
<input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies: _____ DATE SIGNED (YYMMDD)					
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE ACR: AA 97X4930 NH6A 255 77777 0 050120 2F 000000 A00003485943 \$2501.00 REQN # 1300577396-0050					
18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICES			20. QUANTITY ORDERED/ ACCEPTED*	21. UNIT
	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 <i>Stacy M. McQuage</i> STACY M. MCQUAGE CONTRACTING/ORDERING OFFICER	25. TOTAL \$2,501.00
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	
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____				<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	
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	
DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____				32. PAID BY	
				33. AMOUNT VERIFIED CORRECT FOR	
				34. CHECK NUMBER	
				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