ORDER FOR SUPPLIES OR SERVICES

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1. CONTRACT/PURCH ORDER/AGREEMENT NO.	2. DELIVERY ORDER/CALL NO.	3. DATE OF ORDER/CALL (YYYYMMMDD)	4. REQUISITION/PURCH REQUEST NO.	5. PRIORITY
N0017819D8239	N6449823F3049	2023MAR09	1301064491	DO-A1

6. ISSUED BY CODE N64498

NAVAL SURFACE WARFARE CENTER PHILA
NSWCPD
Philadelphia, PA 19112-1403

7. ADMINISTERED BY (If other than 6) CODE

SCD: C

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

9. CONTRACTOR CODE 1SEL4 FACILITY 872942706

NAME AND ADDRESS
ORBIS SIBRO, INC.
238 Albemarle Rd
Charleston, SC 29407-7522

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

11. X IF BUSINESS IS
- [x] SMALL
- [ ] SMALL DISAD-VANTAGED
- [ ] WOMEN-OWNED

12. DISCOUNT TERMS
Net 30 Days WAWF

13. MAIL INVOICES TO THE ADDRESS IN BLOCK
SEE SECTION G

14. SHIP TO CODE

SEE SECTION F

15. PAYMENT WILL BE MADE BY CODE HQ0338

DFAS Columbus Center,South Entitlement Operations
P.O. Box 182264
Columbus, OH 43218-2264

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)
ORBIS SIBRO, INC.		(b)(6) DIRECTOR CORPORATE CONTRACTS	

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

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
BY: /S/(b)(6) 03/09/2023
CONTRACTING/ORDERING OFFICER

25. TOTAL (b)(4)

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.
- [ ] PARTIAL
- [ ] FINAL

29. D.O. VOUCHER NO.

30. INITIALS

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 (Print)	39. DATE RECEIVED (YYYYMMMDD)	40. TOTAL CON-TAINERS	41. S/R ACCOUNT NUMBER	42. S/R VOUCHER NO.