

ORDER FOR SUPPLIES OR SERVICES				PAGE 1 OF 2		
1. CONTRACT/PURCH ORDER NO N00178-09-D-5840	2. DELIVERY ORDER NO 0001	3. DATE OF ORDER 19 Dec 2008	4. REQUISITION PURCH REQUEST NO See Block 17	5. PRIORITY		
6. ISSUED BY Naval Surface Warfare Center, Dahlgren Division Attn: CXS10 17632 Dahlgren Road, Suite 157 Dahlgren, VA 22448-5110		7. ADMINISTERED BY (If other than Item 6) DCMA SAN DIEGO 7675 DAGGET STREET SUITE 200 SAN DIEGO, CA 92111-2241	CODE N00178	CODE S0514A		
9. CONTRACTOR TWIN IMAGING TECHNOLOGY, INC. 1662 ORD WAY OCEANSIDE, CA 92056-1500		FACILITY CODE	10. DELIVER TO FOB POINT BY (Date) (YYMMDD) See Schedule	8. DELIVERY FOR <input checked="" type="checkbox"/> DEST OTHER (Source) <i>(See Schedule if other)</i>		
NAME AND ADDRESS		12. DISCOUNT TERMS Net 30 days	13. MAIL INVOICES TO See Block 15	<input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED		
14. SHIP TO See Schedule	CODE	15. PAYMENT WILL BE MADE BY DFAS-CO/WEST ENTITLEMENT OPERATIONS P.O. BOX 182381 COLUMBUS, OH 43218-2381	HQ0339	MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER		
16. TYPE OF ORDER	DELIVERY	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			
PURCHASE	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	DATE SIGNED (YYMMDD)			
<input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:						
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE ACR: AA 97X4930 NH1C 000 77777 0 000167 2F 000000 99549SEAPORT \$2,501 RCP: N6554007RC00059/ACR: AA REQUISITION NO. 83510662						
18. ITEM NO.	bn	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 Gary W. Byram	<i>Gary W. Byram</i> CONTRACTING/ORDERING OFFICER	25. TOTAL \$2,501.00	29. DIFFERENCES	
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	28. DO VOUCHER NO	30. INITIALS	33. AMOUNT VERIFIED CORRECT FOR	
DATE SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE		<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	32. PAID BY	34. CHECK NUMBER		
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		35. BILL OF LADING NO		
DATE SIGNATURE AND TITLE OF CERTIFYING OFFICER	37. RECEIVED AT	38. RECEIVED BY (Print)	39. DATE RECEIVED	40. TOTAL CONTAINERS	41. S/R ACCOUNT NUMBER	42. S/R VOUCHER NO