

# ORDER FOR SUPPLIES OR SERVICES

1. CONTRACT/PURCH. ORDER/ AGREEMENT NO. <b>W9124323A0001</b>		2. DELIVERY ORDER/ CALL NO.		3. DATE OF ORDER/CALL <b>2023 Jun 01</b>		4. REQ./ PURCH. REQUEST NO.		5. PRIORITY	
6. ISSUED BY USPFO NE PURCHASING & CONTRACTING 2433 NW 24TH ST LINCOLN NE 68524		CODE <b>W91243</b>		7. ADMINISTERED BY  <b>SEE ITEM 6</b>		CODE		8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER  (See Schedule if other)	
9. CONTRACTOR COUNTRY CATERING, INC. DIANE M. KUCERA 78375 WPA SHERMAN AVE LITCHFIELD NE 68852-1862		CODE <b>3DP84</b>		FACILITY		10. DELIVER TO FOB POINT BY (Date) <b>SEE SCHEDULE</b>		11. MARK IF BUSINESS IS <input checked="" type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input checked="" type="checkbox"/> WOMEN-OWNED	
						12. DISCOUNT TERMS Net 30 Days		13. MAIL INVOICES TO THE ADDRESS IN BLOCK <b>See Item 15</b>	
14. SHIP TO  <b>SEE SCHEDULE</b>		CODE		15. PAYMENT WILL BE MADE BY DFAS - IN VP GFEB5 8899 EAST 56TH STREET INDIANAPOLIS IN 46249-3800		CODE <b>HQ0670</b>		MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.	
16. TYPE OF ORDER	DELIVERY/ CALL	This delivery order/call is issued on another Govt. 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.									
<i>Country Catering inc</i>		<i>Diane M Kucera</i>			<i>Diane M Kucera</i>			<i>Pres 5-10-23</i>	
NAME OF CONTRACTOR		SIGNATURE			TYPED NAME AND TITLE			DATE SIGNED (YYYYMMDD)	
<input checked="" type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies: <b>1</b>									
17. ACCOUNTING AND APPROPRIATION DATA/ LOCAL USE									
18. ITEM NO.	19. SCHEDULE OF SUPPLIES/ SERVICES				20. QUANTITY ORDERED/ ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT	
	<b>SEE SCHEDULE</b>								
* 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: EMAIL: BY:			25. TOTAL	
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  DATE _____ SIGNATURE OF AUTHORIZED GOVT. REP. _____					27. SHIP NO. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		28. DO VOUCHER NO.		29. DIFFERENCES
36. I certify this account is correct and proper for payment.  DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____					31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR
									34. CHECK NUMBER
									35. BILL OF LADING NO.
37. RECEIVED AT	38. RECEIVED BY	39. DATE RECEIVED (YYYYMMDD)		40. TOTAL CONTAINERS	41. S/R ACCOUNT NO.	42. S/R VOUCHER NO.			