

| ORDER FOR SUPPLIES OR SERVICES  |   |  |  |   | PAGE 1 OF<br>60   |
|---|---|--|--|---|---|
| 1. CONTRACT/PURCH ORDER/AGREEMENT NO.<br>SPE300-20-A-9404   |   | 2. DELIVERY ORDER/CALL NO.   |  | 3. DATE OF ORDER/CALL<br>(YYYYMMDD)<br>2020/08/26                 | 4. REQUISITION/PURCH REQUEST NO.  |
| 6. ISSUED BY<br>DLA Troop Support<br>Directorate of Subsistence, Building 6<br>700 Robbins Ave  |   | CODE   | 7. ADMINISTERED BY (If other than 6)<br>DLA TROOP SUPPORT<br>DIRECTORATE OF SUBSISTENCE<br>700 ROBBINS AVENUE  |   | CODE<br>SPE300  |
| 9. CONTRACTOR<br>PEPSI BOTTLING COMPANY OF PHOENIX<br>4140 East Raymond Street<br>Phoenix, AZ 85040   |   | CODE<br>03XL0  | FACILITY   | 10. DELIVER TO FOB POINT BY (Date)<br>(YYYYMMDD)                  | 8. DELIVERY FOB<br><input checked="" type="checkbox"/> DESTINATION<br><input type="checkbox"/> OTHER<br>(See Schedule if other) |
| NAME AND ADDRESS  |   | 12. DISCOUNT TERMS<br>Net 30 days  | 13. MAIL INVOICES TO THE ADDRESS IN BLOCK<br>Submit Invoices IAW DFARS 252.232-7003  | 11. X IF BUSINESS IS  | <input type="checkbox"/> SMALL  |
|   |   |  |  | <input type="checkbox"/> SMALL DISADVANTAGED                      |   |
|   |   |  |  | <input type="checkbox"/> WOMEN-OWNED                              |   |
| 14. SHIP TO<br>SEE SCHEDULE, DO NOT SHIP TO ADDRESSES ON THIS PAGE  |   | CODE   | 15. PAYMENT WILL BE MADE BY<br>DEF FIN AND ACCOUNTING SVC<br>BSM<br>P O BOX 182317<br>COLUMBUS OH 43218-2317   |   | CODE<br>SL4701  |
| 16. TYPE OF ORDER   | DELIVERY/ CALL<br><input checked="" type="checkbox"/> | PURCHASE<br><input type="checkbox"/>   | This delivery order/call is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.<br>Reference your _____ furnish the following on terms specified herein.<br><b>ACCEPTANCE.</b> 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. |   |   |
| Pepsi Bottling Company of F   |   | Grant Adams  |  | Key Account Manager   |   |
| NAME OF CONTRACTOR  |   | SIGNATURE  |  | TYPED NAME AND TITLE  |   |
|   |   |  |  | DATE SIGNED (YYYYMMDD)  |   |
| <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   |   |  |  |   |   |
| 18. ITEM NO.  | 19. SCHEDULE OF SUPPLIES/SERVICES                     |  |  | 20. QUANTITY ORDERED/ACCEPTED*                                    | 21. UNIT  |
|   | See Schedule of items attached                        |  |  |   |   |
|   |   |  |  |   | \$0.00  |
|   |   |  |  |   | \$0.00  |
|   |   |  |  |   | \$0.00  |
| *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   |  |   | 25. TOTAL   |
|   |   | BY: Brittany Glenn-Gurung BRITTANY CONTRACTING/ORDERING OFFICER                  |  |   | \$0.00  |
| 26. DIFFERENCES   |   |  |  |   |   |
| 27a. 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: |  |   |   |
| b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE  |   |  | c. DATE (YYYYMMDD)   | d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE |   |
| e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE  |   |  | 28. SHIP. NO.  | 29. D.O. VOUCHER NO.  | 30. INITIALS  |
| f. TELEPHONE NUMBER   |   |  | g. E-MAIL ADDRESS  | 32. PAID BY   | 33. AMOUNT VERIFIED CORRECT FOR   |
|   |   |  |  |   |   |
|   |   |  | 31. PAYMENT  | 34. CHECK NUMBER  |   |
| 36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.   |   |  | <input type="checkbox"/> COMPLETE  | 35. BILL OF LADING NO.  |   |
| a. DATE (YYYYMMDD)  | b. SIGNATURE AND TITLE OF CERTIFYING OFFICER          |  | <input type="checkbox"/> PARTIAL   |   |   |
|   |   |  | <input type="checkbox"/> FINAL   |   |   |
| 37. RECEIVED AT   | 38. RECEIVED BY (Print)                               | 39. DATE RECEIVED (YYYYMMDD)   | 40. TOTAL CONTAINERS   | 41. S/R ACCOUNT NUMBER  | 42. S/R VOUCHER NO.   |
|   |   |  |  |   |   |