

Purchase Order Terms and Conditions

FAR 52.252-2 CLAUSES INCORPORATED BY REFERENCE (JUN 1988). This contract incorporates the following clauses by reference with the same force and effect as if they were given in full text. Upon request, the Contracting Officer will make their full text available. See attached Form NIH 2555-1 (Front) for the list of clauses, and Form NIH 2555-1 (Back) for invoice and payment provisions.

Delivery/Inspection/Acceptance Report

First Delivery Report	Second Delivery Report	Third Delivery Report
Date delivered	Date delivered	Date delivered
Location delivered	Location delivered	Location delivered
Number of shipping containers/boxes	Number of shipping containers/boxes	Number of shipping containers/boxes
Condition of shipping container(s)	Condition of shipping container(s)	Condition of shipping container(s)
Contractor's reference no.	Contractor's reference no.	Contractor's reference no.
Name of receiving official (<i>print</i>)	Name of receiving official (<i>print</i>)	Name of receiving official (<i>print</i>)
Signature of receiving official	Signature of receiving official	Signature of receiving official
Title of receiving official	Title of receiving official	Title of receiving official
Building/room and phone no.	Building/room and phone no.	Building/room and phone no.
Inspection/Acceptance Report	Inspection/Acceptance Report	Inspection/Acceptance Report
Date inspected	Date inspected	Date inspected
All items shipped? <input type="checkbox"/> Yes <input type="checkbox"/> No	All items shipped? <input type="checkbox"/> Yes <input type="checkbox"/> No	All items shipped? <input type="checkbox"/> Yes <input type="checkbox"/> No
If "no" (partial shipment), list items delivered: _____	If "no" (partial shipment), list items delivered: _____	If "no" (partial shipment), list items delivered: _____
Ready for final receiving? <input type="checkbox"/> Yes <input type="checkbox"/> No If "no," use next column when delivered.	Ready for final receiving? <input type="checkbox"/> Yes <input type="checkbox"/> No If "no," use next column when delivered.	Ready for final receiving? <input type="checkbox"/> Yes <input type="checkbox"/> No If "no," use next column when delivered.
Signature of govt. official	Signature of govt. official	Signature of govt. official
Title of govt. official	Title of govt. official	Title of govt. official
Date of acceptance	Date of acceptance	Date of acceptance

Report of Rejections

Date	Item No.	Description	Unit	Quantity Rejected	Reason for Rejection

ORDER FOR SUPPLIES OR SERVICES

Mark all packages and papers with contract and/or order numbers.

OMB No. 0990-0115

1. Date or order	2. Contract no. (if any)	3. Order no.	Page _____ of _____
4. Requisitioning office		5. Requisition no.	
6. Accounting and appropriation data		7. Ship to (Name, address, and zip code)	
8. To: Contractor (Name, address, zip code)		9. Type of order <input type="checkbox"/> (a) PURCHASE. Reference your _____ Please furnish the following on the terms specified on both sides of this order and on the attached sheets, if any, including delivery as indicated. <input type="checkbox"/> (b) DELIVERY. Except for billing instructions as attached, this delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the contract referenced in Block 2.	
10. Issuing office (Name and phone number of Purchasing Agent to call regarding this order.)			

11. F.O.B. point	12. Inspection & acceptance	13. Government B/L no.	14. Delivery to F.O.B. point on or before	15. Prompt pay discounts
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16. SCHEDULE

Item No. (a)	Catalog No. (b)	Supplies or Services (c)	Quantity Ordered (d)	Unit (e)	Unit Price (f)	Amount (g)

17. Classification: SB -- Small business W -- Woman-owned OTSB -- Other than small business S -- Sheltered workshop M -- Minority-owned I -- American Indian-owned	18. Mail invoice to: National Institutes of Health Accounts Payable Section, OFM Building 31, Room B1B-39 31 CENTER DR MSC 2045 BETHESDA MD 20892-2045 Phone number for payment inquiries: 301-496-6088	16(h) Total from continuation pages 16(i) Grand Total
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19. FOR BILATERAL AGREEMENTS ONLY: (When applicable, see attached Form NIH 2555-3.) Contractor's typed name and title _____ Contractor's signature _____ Date _____	Submit original and one copy of invoice. See attached invoice and payment provisions on Form NIH 2555-1.
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20. United States of America By (signature) _____	21. Typed name and title of Government representative _____
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