



INFO BULLETIN

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Ships Store Program: (A) SS18-002

Pass To: Ships Store Officer

REVISED
SPECIAL DD FORM 1155 PROCESS FOR EMBLEMATIC ORDERS

The following procedures are in effect upon receipt of this bulletin.

Discussion: NEXCOM (Ship Store Program) is responsible for the processing of all special procurements for ROM II and ROM III ships.

Action: In order to process emblematic orders in a timely manner ROM III ships will prepare the Special DD Form 1155 utilizing the attached sample document. A PDF Special DD Form 1155 is available in the Documents Library. Special DD Form 1155's from ROM III and ROM II ships will be signed by the Senior Supply Officer and emailed to the TYCOM. TYCOM's will forward to NEXCOM upon concurrence for processing. For non-emblematic items orders, email directly to NEXCOM. Upon receipt of the material, the Sales Officer will provide a copy of the Receipt Inspector copy of the NEXCOM provided DD Form 1155 with the following information to NEXCOM (Ship Store Program).

ROM II Ships:

- Receipt Inspector's printed name
- Receipt inspector's signed name
- Ship's phone number
- Date of receipt

ROM III Ships:

- Complete blocks 27a.-f.

ROM II/III Ships:

- Receiving Report if shipping charges were included or if full order is not received

PROCESS: Orders will be processed and paid with NEXCOM's Government Purchase Card (GPC) and will not exceed the GPC threshold of \$5,000.00 per purchase. NEXCOM will process ship's orders over the GPC threshold with the appropriate NAVSUP Fleet Logistic Center (FLC) Contracting Office in accordance with local acquisition procedures. Plan accordingly on a 30 day FLC processing time along with vendor processing and shipping time.

Split Purchase: Ships will not split purchase orders to circumvent the threshold of \$5,000.00

For any questions or concerns, please contact SHC(SW) Larry Hardimon at (757) 502-7477/ email: Larry.Hardimon@nexweb.org or Manuel Trevino at (757) 502-7473/ Email:

Manuel.Trevino@nexweb.org.

ORDER FOR SUPPLIES OR SERVICES DD-1155		RECEIVE NUMBER	NOT CONFIRMED	CERTIFIED FOR NATIONAL DEFENSE UNDMS REG 100
1. (PURCHASE ORDER NO.) SPECIAL 1155	2. DELIVERY ORDER NO	3. DATE OF ORDER 10-Aug-17	4. REQUISITION / ORDER NO V77777-7222-9805	
6. ISSUED BY UIC V77777 USS LAST SHIP (CVN-99) FPO AE 09555-7777		7. ADMINISTERED BY COMNAVAIRFOR N41 1279 FRANKLIN ST NORFOLK, VA 23511		8. DELIVERY FOB <input type="checkbox"/> Destination <input checked="" type="checkbox"/> Other Zone G
9. CONTRACTOR Name and Vendor Name Address Vendor Address		10. Delivery to FOB Point By (DATE) 24-Aug-17		11. MARK IF BUSINESS <input type="checkbox"/> Small <input type="checkbox"/> Small Disadvantage <input type="checkbox"/> Women Owned
14. SHIP TO: SALES OFFICER USS LAST SHIP (CVN-99) NORFOLK, VA 23511 757-777-7777		15. PAYMENT WILL BE MADE BY N00250 NEXCOM, SHIPS STORE PROGRAM GOVERNMENT PURCHASE CARD		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER

16. ORDER TYPE This delivery order is issued on another Government agency or in accordance with and subject to terms an conditions of above numbered contract.

Delivery ☒ Reference Your Furnish the following of terms specified herein.

Purchase ☐ ACCEPTANCE. THE CONTRACTORY HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY 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					
<input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:								
17. Accounting and Appropriation Data								
Appropriation Symbol And SubHead	Object class	Bureau Control No.	Sub Allot	Authorization Acct'g Act'Y	Trans Type	Property Acct'g Act'y	Cost Code	Amount
97X4930.NC1A	000	21001	0	000250	7C	V77777	000072229805	\$4,271.00
Stock #	Description	PO # V77777-7222-9805	Quantity	Unit	Unit Price	Amount		
9600000002	REG BLANKET (Standard Not Personalization)		100	EA	\$42.7100	\$4,271.00		
						25. Total:	\$4,271.00	

FAST PAY PROCEDURES APPLY. THE SIGNED ORIGINAL OF THIS ORDER MUST ACCOMPANY THE INVOICE AT TIME OF SUBMISSION TO DAO OF PAYMENT. ONE COPY OF THE INVOICE MUST BE MAILED TO THE SHIP CARE OF FLEET POST OFFICE ADDRESS.

If quantity accepted by the Government is same as quantity ordered, circle the amount. If different, enter actual quantity ordered and circle.

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				27. SHIP NO. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		24. UNITED STATES OF AMERICA C.T. SUPPO, CDR, SC, USN Senior Supply Officer	
PRINT AND SIGN DATE SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE				31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL			
36. DATE SIGNATURE AND TITLE OF CERTIFYING OFFICER							
37. RECEIVED AT	38. RECEIVED BY	39. DATE RECEIVED	40. TOTAL CONTAINERS	41. S/R ACCOUNT NUMBER	41. S/R VOUCHER NO.		

ORDER FOR SUPPLIES OR SERVICES										PAGE 1 OF			
1. CONTRACT/PURCH ORDER/AGREEMENT NO.			2. DELIVERY ORDER/CALL NO.			3. DATE OF ORDER/CALL (YYYYMMDD)		4. REQUISITION/PURCH REQUEST NO.		5. PRIORITY			
6. ISSUED BY <div style="text-align: right;">CODE <input style="width: 100px;" type="text"/></div>				7. ADMINISTERED BY (If other than 6) <div style="text-align: right;">CODE <input style="width: 100px;" type="text"/></div>				8. DELIVERY FOB <div style="text-align: right;"> <input type="checkbox"/> DESTINATION <input type="checkbox"/> OTHER <i>(See Schedule if other)</i> </div>					
9. CONTRACTOR <div style="text-align: right;">CODE <input style="width: 100px;" type="text"/></div> <div style="text-align: right;">FACILITY <input style="width: 100px;" type="text"/></div> NAME AND ADDRESS <div style="text-align: right;">●</div>				10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD)		11. X IF BUSINESS IS <div style="text-align: right;"> <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED </div>							
12. DISCOUNT TERMS				13. MAIL INVOICES TO THE ADDRESS IN BLOCK									
14. SHIP TO <div style="text-align: right;">CODE <input style="width: 100px;" type="text"/></div>				15. PAYMENT WILL BE MADE BY <div style="text-align: right;">CODE <input style="width: 100px;" type="text"/></div>				MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.					
16. TYPE OF ORDER		<div style="display: flex; justify-content: space-between;"> <div style="width: 15%;">DELIVERY/CALL</div> <div style="width: 15%;"><input type="checkbox"/></div> <div style="width: 70%;">This delivery order/call is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 15%;">PURCHASE</div> <div style="width: 15%;"><input type="checkbox"/></div> <div style="width: 70%;">Reference your _____ furnish the following on terms specified herein.</div> </div> 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.											
<div style="display: flex; justify-content: space-between;"> NAME OF CONTRACTOR <input style="width: 150px;" type="text"/> SIGNATURE <input style="width: 150px;" type="text"/> TYPED NAME AND TITLE <input style="width: 150px;" type="text"/> DATE SIGNED (YYYYMMDD) <input style="width: 100px;" type="text"/> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies: </div>													
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		
<i>*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.</i>					24. UNITED STATES OF AMERICA BY: _____ CONTRACTING/ORDERING OFFICER					25. TOTAL			
										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. <div style="text-align: right;"> <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL </div>		29. D.O. VOUCHER NO.		30. INITIALS <div style="text-align: right;"> <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> </div>			
f. TELEPHONE NUMBER			g. E-MAIL ADDRESS			31. PAYMENT <div style="text-align: right;"> <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL </div>		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR			
36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.										34. CHECK NUMBER			
a. DATE (YYYYMMDD)		b. SIGNATURE AND TITLE OF CERTIFYING OFFICER								35. BILL OF LADING NO.			
37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYYYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.			