## **DD Form 1155 (Commercial Sources)**

A DD Form 1155 is used to document all fuel purchases from commercial sources. The following is an explanation of information to be provided on the DD Form 1155 for purchase transactions on DESC bunker contracts and local purchases of bunker fuels. NOTE: Blocks 13 and 15 of the DD Form 1155 are essential to ensure that proper and timely payment of dealer invoices can be accomplished. See page 20 for an example.

- Block 1: Contract/Purchase Order Number: If the order is placed under a DESC bunker contract, enter the contract number. See DESC Domestic or Overseas Contract Bulletin (referenced in paragraph 1-3.1 above) to identify specific contract numbers. If open market purchase, contract number will be SP0600-FY-D-0000.
- Block 2: This number is assign locally consisting of four digits, one alpha, and three numerical, example A123
- Block 3: Date of Order: Enter the date the order was placed with the contractor.
- Block 4: Requisition/Purchase Request No: Enter a complete MILSTRIP requisition number (i.e., Service designator and UIC of the requesting ship, Julian Date, and serial number). The requisition Julian Date must be the same date as the date entered in Block 3.
- Block 5: Blank.
- Block 6: Issued By: Enter the name, hull number and DoDAAC (Service designator and UIC) of the requesting ship/Fleet unit. Include the ship's complete mailing address including phone number.
- Block 7: Administered By: For bunker contracts established by DESC, enter DESC, 8725 JOHN J. KINGMAN RD., SUITE 3815, FT BELVOIR VA 22060-6222. For open market purchases, leave blank.
- Block 8: Delivery FOB: Enter an "X" in the destination block.
- Block 9: Contractor: Enter the contractor's complete name and mailing address to which payment is to be made.
- Block 10: Delivery to FOB Point By: Enter the required delivery date.
- Block 11: Check If: Place an "X" in the appropriate block if applicable.
- Block 12: Discount Terms: Describe discount terms if offered.
- Block 13: Mail Invoices To: "See block 15"
- Block 14: Ship To: Enter the name and complete address of the delivery location.

Block 15: Payment Will Be Made By: Defense Finance and Accounting Service-Columbus Center, Fuels Accounting and Payments Division, ATTN: DFAS-COSFFB, P.O. Box 182317, Columbus, OH 43218-6251

Block 16: Type of Order: Place an "X" in the Delivery Block if Block 1 is a DESC contract and the Supply Officer is acting as the Ordering Officer. Place an "X" in the Purchase Block if this is a local purchase of fuel.

Block 17: Accounting and Appropriation Data: Use the following accounting data for ALL commercial purchases of fuel for both DESC bunker fuel contracts and open market (local) purchases.

Appropriation and Subhead 97X4930.5CF0 01

Object Class 261
Bureau Control Number BLANK
Sub allotment 1

Authorization Accounting Activity S33150

Transaction Type Code BLANK

Property Accounting Activity BLANK

Cost Code (12 Digits): Service Designator Code and UIC of ship receiving the fuel, followed by the appropriate Fund Code for fuel (39 for Naval Active Fleet, etc.) and four zeroes (0000).

Block 18: Item No: Enter item number from DESC contract. For open market purchases, leave blank.

Block 19: Schedule of Supplies/Services:

Enter product, i.e., MGO, F76, etc. Signal Code:

Fund Code: 39 (or 43 for Naval Reserve ships)

Supplementary Address: N/A

Block 20: Quantity Ordered/Accepted: Enter the quantity of fuel ordered and accepted.

Block 21: Unit of Issue: Enter the unit of issue

Block 22: Unit Price: Leave blank for DESC bunker fuel contracts.

Block 23: Amount: Leave blank if purchases under contract. <u>Under no circumstances should a ship pay cash for fuel received under a bunker fuel contract.</u> If the fuel was obtained by executing an open market purchase, then state price paid by the ship.

Block 24: Sign

Block 26: Place an "X" in INSPECTED, RECEIVED AND ACCEPTED BLOCKS. Sign and Date.

	ORDER FOR SUPPLIES OR SERVICES												
1. CONTI	RACT/PI	JRCH ORD	ER/AGREEMENT NO.	AGREEMENT NO. 2. DELIVERY ORDER/CALL NO.			3. DATE OF ORDER/CALL (YYYYMMMDD)			4. REQUISITION/PURCH REQUEST NO.			5. PRIORITY
6. ISSUE	DBY			CODE 7. A			ADMINISTERED BY (If other than 6)			) CODE			8. DELIVERY FOB  DESTINATION  OTHER  (See Schedule if other)
9. CONTI	RACTOR	l	CODE			FACILITY			10. DELIVER TO FOB POINT BY (Date) (YYYYMMMDD)			11. X IF BUSINESS IS SMALL	
NAME AND	•								12. DISCOUNT TERMS			SMALL DISAD- VANTAGED WOMEN-OWNED	
ADDRESS							Ł			IL INVOI	CES TO THE /	BLOCK	
						15. PA\	5. PAYMENT WILL BE MADE BY CODE						MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.
16.	DELIVERY/ CALL This delivery order/call is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.												
TYPE OF	PURCH	Reference your furnish the following on te										•	
		ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT M. BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME  AME OF CONTRACTOR  SIGNATURE  TYPED NAME AND TITLE  box is marked, supplier must sign Acceptance and return the following number of copies:									I THE SAME.	DATE SIGNED (YYYYMMMDD)	
18. ITE	M NO.	19. SCHEDULE OF SUPPLIES/SERVICES						20. QUANTITY ORDERED/ 21. UNIT PRICE UNIT PRICE			PRICE	23. AMOUNT	
			overnment is	24. UNITED S'	TATES OF AMERICA	A					25.	TOTAL	
same as quantity ordered, indicate by X. If different, enter actual quantity accepted below												FERENCES	
quantity ordered and encircle.  BY:  27a. QUANTITY IN COLUMN 20 HAS BEEN							CONTRACTING/ORDERING						
	PECTED			CEPTED, AND C	CONFORMS TO XCEPT AS NOTED:								
b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE							DATE (YYYYMMMDD)					HORIZED GO	VERNMENT
e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE							3. SHIP. NO.	29. D.O. VOUCHER NO. 30. INITIALS			INITIALS		
4 TELEDIONE NUMBER							PARTIAL	32. PAID BY 33. AMOUNT VE			RIFIED CORRECT FOR		
f. TELEPHONE NUMBER g. E-MAIL ADDRESS						31	I. PAYMENT	34. CHECK NUM			IBER		
36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.     a. DATE						$\perp$	PARTIAL	35. BILL OF LAD			DING NO.		
(YYYYM	MMDD)					-	FINAL	33. BILL OF LA					
37. RECE AT	EIVED	38. RECEI	88. RECEIVED BY (Print) 39.			ED 40	). TOTAL CON- TAINERS	41. S/R ACCOUNT NUMBER 42. S/R VOUCHE			R NO.		