

ORDER FOR SUPPLIES OR SERVICES

Form Approved
OMB No. 0704-0187
Expires Jun 30, 1997

PAGE 1 OF
3

(Contractor must submit four copies of invoice.)

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES.
SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.**

1. CONTRACT/PURCH ORDER NO. DAAH23-99-G-0014		2. DELIVERY ORDER NO. UBS9		3. DATE OF ORDER (YYMMDD) 2004 APR 06		4. REQUISITION/PURCH REQUEST NO. YPC04055000624		5. PRIORITY DOC9																																																																					
6. ISSUED BY Defense Supply Center Columbus 3990 E. Broad St. P.O. Box 16704 Columbus, OH 43216-5010 Local Administrator: PNNNAUD (614)692-4570 / FAX: (614)692-6906 E-mail: Lynn.Wright-Cunningham@dla.mil				7. ADMINISTERED BY (If other than 6) DCMA PHOENIX 2 RENAISSANCE SQUARE 40 N CENTRAL AVE SUITE 400 PHOENIX, AZ 85004-4400		8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER <i>(See Schedule if other)</i>																																																																							
9. CONTRACTOR MCDONNELL DOUGLAS HELICOPTER COMPAN 5000 E. MCDOWELL ROAD MESA AZ 85215-9797		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) 90 DAYS ARO		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED		12. DISCOUNT TERMS NET 30 days		13. MAIL INVOICES TO See Block 15																																																																					
14. SHIP TO See Schedule - Do Not Ship to Address in Block 6		15. PAYMENT WILL BE MADE BY HQ0339 HQ0339 DFAS COLUMBUS CENTER WEST ENTITLEMENT OPERATIONS P O BOX 182381 COLUMBUS OH 43218-2381		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER EFT: T																																																																									
16. DELIVERY TYPE OF PURCHASE ORDER <input checked="" type="checkbox"/> This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. Reference your 04-DH-E140-06192/23619-DSCC and furnish the following on terms specified herein. 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.																																																																													
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE CG: 97X4930 5CC0 001 26.0 S33150																																																																													
18. ITEM NO. 19. SCHEDULE OF SUPPLIES/SERVICE 20. QUANTITY ORDERED/ACCEPTED* 21. UNIT 22. UNIT PRICE 23. AMOUNT																																																																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4" rowspan="2"> * 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. </td> <td colspan="2">24. UNITED STATES OF AMERICA</td> <td colspan="2">25. TOTAL</td> <td colspan="2">26. QUANTITY IN COLUMN 20 HAS BEEN</td> </tr> <tr> <td colspan="2">BY: <i>Lynn Wright-Cunningham</i> 4/1/04</td> <td colspan="2">CONTRACTING/ORDERING OFFICER</td> <td colspan="2">27. SHIP NO.</td> <td colspan="2">28. D.O. VOUCHER NO.</td> </tr> <tr> <td colspan="4"> <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED </td> <td colspan="2">31. PAYMENT</td> <td colspan="2">32. PAID BY</td> <td colspan="2">33. AMOUNT VERIFIED CORRECT FOR</td> </tr> <tr> <td colspan="4">DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____</td> <td colspan="2"> <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL </td> <td colspan="2">34. CHECK NUMBER</td> <td colspan="2">35. BILL OF LADING NO.</td> </tr> <tr> <td colspan="4">36. I certify this account is correct and proper for payment.</td> <td colspan="2"> <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL </td> <td colspan="2">37. RECEIVED AT</td> <td colspan="2">38. RECEIVED BY (Print)</td> </tr> <tr> <td colspan="4">DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____</td> <td colspan="2">39. DATE RECEIVED (YYMMDD)</td> <td colspan="2">40. TOTAL CONTAINERS</td> <td colspan="2">41. S/R ACCOUNT NUMBER</td> </tr> <tr> <td colspan="4"></td> <td colspan="2"></td> <td colspan="2">42. S/R VOUCHER NO.</td> <td colspan="2"></td> </tr> </table>										* 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		26. QUANTITY IN COLUMN 20 HAS BEEN		BY: <i>Lynn Wright-Cunningham</i> 4/1/04		CONTRACTING/ORDERING OFFICER		27. SHIP NO.		28. D.O. VOUCHER NO.		<input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED				31. PAYMENT		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR		DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____				<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		34. CHECK NUMBER		35. BILL OF LADING NO.		36. I certify this account is correct and proper for payment.				<input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		37. RECEIVED AT		38. RECEIVED BY (Print)		DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____				39. DATE RECEIVED (YYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER								42. S/R VOUCHER NO.			
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SECTION B

PR YPC04055000624

CAGE/PN 8V613 7311B25198

CAGE SDC NAME - ADDRESS
 8V613 A 5000 E. MCDOWELL ROAD
 MESA AZ 85215-9797
 480-891-3965

ITEM DESCRIPTION:

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001	YPC04055000624	0001	2	EA	\$255.00000	\$510.00

QTY VARIANCE: PLUS 0% MINUS 0%
 INSPECTION POINT: ORIGIN
 ACCEPTANCE POINT: ORIGIN

EXCEPTION DATA:

"PLEASE SHIP LESS THE NSN"
 PART NUMBER: 7-331B25198
 ITEM: BRACKET ASSY

PREP FOR DELIVERY

COMMERCIAL PRACTICE PPP WITH MIL-STD-129 MARKING.

DELIVERY FOB: ORIGIN BY: 2004 JUL 05

PARCEL POST ADDRESS:

W81CL8
 SR W0VC MAINT DIV PB CONT
 HOOD ARMY AIRFIELD
 BLDG 745 COBRA LOOP
 FORT HOOD TX 76544-5060

FREIGHT SHIPPING ADDRESS:

CONTACT TRANS OFF AT ADMIN OFF PRIOR TO SHIPMENT

CONTINUED ON NEXT PAGE

SECTION B

M/F: (TCN) W912UE40511001 XXX
RDD N01/NMCS CONTACT TRANS OFFICE AT ADMIN OFFICE PRIOR TO SHIPMENT
PROJ TP 1
SUP ADD W81CL8 SIG K

ADDED MARKING FOR FREIGHT SHIPPING ADDRESS:

W81CL8

FOR GOVERNMENT USE ONLY: IPD 02

DIC A05 DIST ADV 2B FC 41

REMIT PAYMENT TO:
