

ORDER FOR SUPPLIES OR SERVICES

(Contractor must submit four copies of invoice.)

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

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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. F09603-02-G-0011		2. DELIVERY ORDER NO. UB75		3. DATE OF ORDER (YYMMDD) 2003 JUN 30		4. REQUISITION/PURCH REQUEST NO. YPE03044000332		5. PRIORITY DOA7	
6. ISSUED BY CODE SP0900 Defense Supply Center Columbus 3990 E. Broad St. P.O. Box 16704 Columbus, OH 43216-5010 Local Administrator: PCCSCS (614)692-7827 / FAX: (614)692-6922 E-mail: Melissa_Kirk@dla.mil				7. ADMINISTERED BY (If other than 6) CODE S2103A CMDR DCMC NORTHROP GRUMMAN BALTIMORE 7323 AVIATION BOULEVARD, MS 1285 BWI AIRPORT, MD 21240-2003				8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER <i>(See Schedule if other)</i>	
9. CONTRACTOR CODE 97942 NORTHROP GRUMMAN SYSTEMS CORPORATIO ELECTRONIC SYSTEMS 1580A W NURSERY LINTHICUM HEIGHTS MD 21090-0000				FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) 300 DAYS ADO		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED	
NAME AND ADDRESS				12. DISCOUNT TERMS NET 30 days		13. MAIL INVOICES TO See Block 15			
14. SHIP TO CODE See Schedule - Do Not Ship to Address in Block 6				15. PAYMENT WILL BE MADE BY CODE HQ0338 HQ0338 DFAS COLUMBUS CENTER SOUTH ENTITLEMENT OPERATIONS P O BOX 182264 COLUMBUS OH 43218-2264				MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	
EFT: T									

16. TYPE OF ORDER	DELIVERY	<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 _____ 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.
	PURCHASE		

NAME OF CONTRACTOR	SIGNATURE	TYPED NAME AND TITLE	DATE SIGNED (YYMMDD)
<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
EG: 97X4930 SCE0 001 26.0 S33150

18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
	Remarks: CONFIRMING ORDER -- DO NOT DUPLICATE ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.	TOTAL: 14			

* 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 Pam Hunley PCCSABT		25. TOTAL \$ 99638.00	
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONTRACTOR TO BE RESPONSIBLE FOR THE CONTRACT EXCEPT AS NOTED		BY: 		29. DIFFERENCE	
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____		32. PAID BY <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		30. INITIALS	
36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____		31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		33. AMOUNT VERIFIED CORRECT FOR	
37. RECEIVED AT		38. RECEIVED BY (Print)		34. CHECK NUMBER	
39. DATE RECEIVED (YYMMDD)		40. TOTAL CONTAINERS		35. BILL OF LADING NO.	
41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.			

CONTINUATION SHEET

Order Number:

F09603-02-G-0011-UB75

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FOB ORIGIN, LINTHICUM HEIGHT, MARYLAND 21090. INSPECTION AND ACCEPTANCE IS AT THE MFR FACILITY. REMITTANCE ADDRESS; NORTHROP GRUMMAN ELECTRONIC SYSTEMS, P.O. BOX 26407, NEW YORK 10087-6407. ALL TERMS OF BOA F09603-02-G0011 APPLIES.

SECTION B

PR YPE03044000332
 NSN 5895-01-246-0032

ITEM DESCRIPTION:

CONVERTER, FREQ ELECTRONIC
 97942 585R193 REV F SC
 ADEQUATE TECHNICAL DATA IS NOT AVAILABLE TO FULLY DESCRIBE THIS ITEM. HOWEVER, PARTIAL DATA SPECIFIED IN THE AID SETS FORTH ESSENTIAL CHARACTERISTICS OF THE ITEM. ONLY THE SPECIFIED MANUFACTURER'S PART NUMBER(S), MODIFIED AS NECESSARY TO CONFORM TO THE PARTIAL DATA, ARE ACCEPTABLE. OFFERS OF OTHER ITEMS ARE CONSIDERED ALTERNATE OFFERS AS DEFINED IN DLAD 52.217-9002 AND ELSEWHERE IN THE SOLICITATION.

CRITICAL APPLICATION ITEM

SAGE LABORATORIES INC (0YZ01) P/N 585R193H03
 NORTHROP GRUMMAN SYSTEMS CORPORATIO (97942) P/N 585R193H03
 L-3 COMMUNICATIONS CORP (99899) P/N 80003

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001	YPE03044000332	0001	14	EA	\$7117.00000	\$99638.00

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

PREP FOR DELIVERY

PKGING DATA - MIL-STD-2073-1D, 15 DEC 1999
 QUP = 001: PRES MTHD = 41: CLNG/DRY = 1: PRESV MAT = 00:
 WRAP MAT = 00: CUSH/DUNN MAT = NA: CUSH/DUNN THKNESS = X:
 UNIT CONT = D3: OPI = 0:
 INTRMDTE CONT = DO: INTRMDTE CONT QTY = AAA:
 PACK CODE = U:
 MARKING SHALL BE IN ACCORDANCE WITH MIL-STD-129.
 SPECIAL MARKING CODE: 00 - NO SPECIAL MARKING.

DOD BAR CODE MARKING REQUIRED IN ACCORDANCE WITH
 MIL-STD-129 (LATEST REVISION) MARKING AND BAR
 CODING IN ACCORDANCE WITH AIM BC1.

DELIVER FOB: ORIGIN BY: 2004 APR 25

CONTINUED ON NEXT PAGE

SECTION B

PARCEL POST ADDRESS:

W25G1U
XU TRANSPORTATION OFFICER
DDSP NEW CUMBERLAND FACILITY
BUILDING MISSION DOOR 113 134
NEW CUMBERLAND PA 17070-5001

FREIGHT SHIPPING ADDRESS:

W25G1U
TRANSPORTATION OFFICER
DDSP NEW CUMBERLAND FACILITY
BUILDING MISSION DOOR 113-134
NEW CUMBERLAND PA 17070-5001

NON-MILSTRIP
PROJ

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REMIT PAYMENT TO:

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