

263-386-7548

ORDER FOR SUPPLIES OR SERVICES <i>(Contractor must submit four copies of invoice.)</i>						Form Approved OMB No. 0704-0187 Expires Jun 30, 1997	PAGE 1 OF 4		
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. N00383-01-G-015N		2. DELIVERY ORDER NO. UBVQ		3. DATE OF ORDER (YYMMDD) 2003 MAY 22		4. REQUISITION/PURCH REQUEST NO. YPC03058000378			
6. ISSUED BY Defense Supply Center Columbus 3990 E. Broad St. P.O. Box 16704 Columbus, OH 43216-5010 Local Administrator: PAABCAB (614)692-3799 / FAX: (614)692-1238 E-mail: Myrtice_Miller@dsec.dla.mil		7. ADMINISTERED BY (If other than 6) DCMA SIKORSKY AIRCRAFT 6900 MAIN ST PO BOX 9731 STRATFORD, CT 06615-9131		5. PRIORITY DOA1		8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER <i>(See Schedule if other)</i>			
9. CONTRACTOR SIKORSKY AIRCRAFT CORP 6900 MAIN ST STRATFORD CT 06615-9129		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) 314 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			
14. SHIP TO See Schedule - Do Not Ship to Address in Block 6		15. PAYMENT WILL BE MADE BY HQ0337 DFAS COLUMBUS CENTER NORTH ENTITLEMENT OPERATIONS P O BOX 182266 COLUMBUS OH 43218-2266		13. MAIL INVOICES TO See Block 15		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER			
16. DELIVERY TYPE OF ORDER <input checked="" type="checkbox"/> DELIVERY <input type="checkbox"/> PURCHASE 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 offer dated 2003 MAY 20, 2003 SPQS CATALOG 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 97X4930 5CC0 001 22.1 S33150 (TRANS)									
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 style="width: 50%; vertical-align: top;"> * 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. 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 NOTED DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____ 36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____ </td> <td style="width: 50%; vertical-align: top;"> 24. UNITED STATES OF AMERICA BY: <i>Constance L. Giggi</i> CONTRACTING ORDERING OFFICER 27. SHIP. NO. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL 31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL 28. D.O. VOUCHER NO. 32. PAID BY 40. TOTAL CONTAINERS 41. S/R ACCOUNT NUMBER </td> <td style="width: 50%; vertical-align: top;"> 25. TOTAL \$ 3737.92 29. DIFFERENCE 30. INITIALS 33. AMOUNT VERIFIED CORRECT FOR 34. CHECK NUMBER 35. BILL OF LADING NO. 42. S/R VOUCHER NO. </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. 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 NOTED DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____ 36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____	24. UNITED STATES OF AMERICA BY: <i>Constance L. Giggi</i> CONTRACTING ORDERING OFFICER 27. SHIP. NO. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL 31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL 28. D.O. VOUCHER NO. 32. PAID BY 40. TOTAL CONTAINERS 41. S/R ACCOUNT NUMBER	25. TOTAL \$ 3737.92 29. DIFFERENCE 30. INITIALS 33. AMOUNT VERIFIED CORRECT FOR 34. CHECK NUMBER 35. BILL OF LADING NO. 42. S/R VOUCHER NO.
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39. DATE RECEIVED (YYMMDD)									
40. TOTAL CONTAINERS									
41. S/R ACCOUNT NUMBER									
42. S/R VOUCHER NO.									

CONTINUATION SHEET

Order Number:
N00383-01-G-015N-UBVQ

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PROVIDE BEST DELIVERY POSSIBLE

SECTION B

PR YPC03058000378
NSN 4820-01-268-8004

ITEM DESCRIPTION:

ISOLATOR VALVE ASSEMBLY. USED ON DAMPER ASSY-
ROTARY WING HEAD H-53E.

"CLASS I OZONE DEPLETING CHEMICALS ARE NOT TO BE
USED NOR INCORPORATED IN ANY ITEMS TO BE
DELIVERED UNDER THIS CONTRACT. THIS PROHIBITION
SUPERSEDES ALL SPECIFICATION REQUIREMENTS BUT
DOES NOT ALLEVIATE ANY PRODUCT REQUIREMENTS.
SUBSTITUTE CHEMICALS MUST BE SUBMITTED FOR
APPROVAL UNLESS THEY ARE AUTHORIZED BY THE
SPECIFICATION REQUIREMENTS."

CRITICAL APPLICATION ITEM

AUSCO INC	(06239)	P/N	A329
NUTEK AEROSPACE CORP	(2X312)	P/N	21001-1
SIKORSKY AIRCRAFT CORP	(78286)	P/N	65126-11359-101
THE LEE CO	(92555)	P/N	AAEX0314500B

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
2001	YPC03058000378	0001	8	EA	\$467.24000	\$3737.92

QTY VARIANCE: PLUS 5% MINUS 5%
INSPECTION POINT: ORIGIN
ACCEPTANCE POINT: ORIGIN

PREP FOR DELIVERY

PKGING DATA - MIL-STD-2073-1D, 15 DEC 1999
QUP = 001: PRES MTHD = 31: CLNG/DRY = 1: PRESV MAT = 00:
WRAP MAT = XX: CUSH/DUNN MAT = XX: CUSH/DUNN THKNSS = X:
UNIT CONT = XX: OPI = 0:
INTRMDTE CONT = XX: INTRMDTE CONT QTY = AAA:
PACK CODE = U:
MARKING SHALL BE IN ACCORDANCE WITH MIL-STD-129.
SPECIAL MARKING CODE: 00 - NO SPECIAL MARKING.
PALLETIZATION SHALL BE IN ACCORDANCE WITH DC1636P001 REV E
DATED 3029

CONTINUED ON NEXT PAGE

SECTION B

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 MAR 31

PARCEL POST ADDRESS:

SW3113
DEF DIST DEPOT CHERRY POINT NC
PSC 8020
CUNNINGHAM ST BLDG 159 RM 217
CHERRY POINT NC 28533-0020

FREIGHT SHIPPING ADDRESS:

SW3113
DEF DIST DEPOT CHERRY POINT NC
LANGLEY RD BLDG 147 BAY A
CHERRY POINT NC 28533-5040

NON-MILSTRIP
PROJ CI1

REMIT PAYMENT TO:
