

# ORDER FOR SUPPLIES OR SERVICES

(Contractor must submit four copies of invoice.)

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

PAGE 1 OF

**3**

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. <b>N00383-01-G-015N</b>		2. DELIVERY ORDER NO. <b>UZGG</b>		3. DATE OF ORDER (YYMMDD) <b>2004 JUL 21</b>		4. REQUISITION/PURCH REQUEST NO. <b>YPC04181000698</b>		5. PRIORITY <b>DOC9</b>	
6. ISSUED BY CODE <b>SP0700</b> <b>Defense Supply Center Columbus P.O. Box 3990 Columbus, OH 43218-3990 Local Administrator: PNNANQ (614)692-7520 / FAX: (614)692-6906 E-mail: Cynthia.Bartholemew@dla.mil</b>				7. ADMINISTERED BY (If other than 6) CODE <b>S0707A</b> <b>DCMA SIKORSKY AIRCRAFT 6900 MAIN ST PO BOX 9731 STRATFORD, CT 06615-9131</b> <b>CRITICALITY: A</b>				8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER <i>(See Schedule if other)</i>	
9. CONTRACTOR CODE <b>78286</b> <b>SIKORSKY AIRCRAFT CORPORATION 6900 MAIN STREET STRATFORD CT 06615-9129</b>				10. DELIVER TO FOB POINT BY (Date) (YYMMDD) <b>180 DAYS ADO</b>		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED			
14. SHIP TO CODE <b>See Schedule - Do Not Ship to Address in Block 6</b>				15. PAYMENT WILL BE MADE BY CODE <b>HQ0337</b> <b>HQ0337 DFAS COLUMBUS CENTER NORTH ENTITLEMENT OPERATIONS P O BOX 182266 COLUMBUS OH 43218-2266</b> <b>EFT: T</b>		13. MAIL INVOICES TO <b>See Block 15</b>		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	

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 <b>offer dated 2004 JUL 07, Mr. Steve Kelly</b> and furnish the following on terms specified herein. <b>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.</b>
	PURCHASE		

NAME OF CONTRACTOR <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:	SIGNATURE	TYPED NAME AND TITLE	DATE SIGNED (YYMMDD)
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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
	<b>Remarks: CONFIRMING ORDER -- DO NOT DUPLICATE ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.</b>	<b>TOTAL: 1</b>			

* 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 <b>C. Bartholemew</b> PNNANQ		25. TOTAL <b>\$ 226.01</b>	
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		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.			

## SECTION B

PR YPC04181000698

CAGE/PN 78286 7090201974

CAGE SDC NAME - ADDRESS  
 78286 A 6900 MAIN STREET  
 STRATFORD CT 06615-9129  
 203-383-7833

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	YPC04181000698	0001	1	EA	\$226.01000	\$226.01

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

EXCEPTION DATA:

NOTE: 7/16/04

SIKORSKY AIRCRAFT CORP REFERENCE QUOTE NUMBER: AQ 8GW 2004 DA  
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SIKORSKY AIRCRAFT CORP DATE OF QUOTE: 7 JULY 2004  
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MFC: 78286 P/N 7090201974103  
 ITEM: PANEL ASSY FOR BLACKHAWK HELICOPTER UH-60  
 SERIES: A S/N: 83-23858  
 DATA AVAIL O5D \*

COMPANY: SIKORSKY AIRCRAFT CORP.  
 POC: MR. STEVE KELLY  
 PHONE: 1 203 386 4995  
 FAX: 1 203 386 7928  
 EMAIL: SKelly@SIKORSKY.com  
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NOTE 2:

SIKORSKY AIRCRAFT CORP IS AUTHORIZED TO SHIP LESS NSN IF ONE  
 HAS NOT BEEN ASSIGNED.  
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CONTINUED ON NEXT PAGE

SECTION B

PREP FOR DELIVERY

COMMERCIAL PRACTICE PPP WITH MIL-STD-129 MARKING.

DELIVERY FOB: ORIGIN BY: 2005 JAN 17

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

M/F: (TCN) W915KL41777002 XXX  
RDD N /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 CK

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REMIT PAYMENT TO:

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