

# 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.<br><b>N00383-02-G-014G</b>  |  | 2. DELIVERY ORDER NO.<br><b>UB9Q</b> |  | 3. DATE OF ORDER (YYMMDD)<br><b>2003 NOV 03</b> |   | 4. REQUISITION/PURCH REQUEST NO.<br><b>YPC03282000199</b> |  | 5. PRIORITY<br><b>DOA1</b> |   |   |
| 6. ISSUED BY<br><b>Defense Supply Center Columbus<br/>3990 E. Broad St.<br/>P.O. Box 16704<br/>Columbus, OH 43216-5010<br/>Local Administrator: PAABCAC (614)692-7512 / FAX: (614)692-5269<br/>E-mail: Dorinda.Conner@dla.mil</b> |  |                                      | CODE <b>SP0700</b>                       |   | 7. ADMINISTERED BY (If other than 6)<br><b>DCMA GENERAL DYNAMICS DEFENSE SYST<br/>128 LAKESIDE AVE<br/>BURLINGTON VT 05401-4985</b>                         |   |  | CODE <b>S4601A</b>         |   | 8. DELIVERY FOB<br><input type="checkbox"/> DEST<br><input checked="" type="checkbox"/> OTHER<br><small>(See Schedule if other)</small> |
| 9. CONTRACTOR<br><b>GENERAL DYNAMICS ARMAMENT AND TECHNICAL PRODUCTS INC.<br/>128 LAKESIDE AVENUE<br/>BURLINGTON VT 05401-4985</b>  |  |                                      | CODE <b>05606</b>                        |   | FACILITY CODE   |   | 10. DELIVER TO FOB POINT BY (Date) (YYMMDD)<br><b>210 DAYS ARO</b> |                            | 11. MARK IF BUSINESS IS<br><input type="checkbox"/> SMALL<br><input type="checkbox"/> SMALL DISADVANTAGED<br><input type="checkbox"/> WOMEN-OWNED |   |
| NAME AND ADDRESS  |  |                                      | 12. DISCOUNT TERMS<br><b>NET 30 days</b> |   | 13. MAIL INVOICES TO<br><b>See Block 15</b>   |   |  |                            |   |   |
| 14. SHIP TO<br><b>See Schedule - Do Not Ship to Address in Block 6</b>  |  |                                      | CODE                                     |   | 15. PAYMENT WILL BE MADE BY<br><b>HQ0337 DFAS COLUMBUS CENTER<br/>NORTH ENTITLEMENT OPERATIONS<br/>P O BOX 182266<br/>COLUMBUS OH 43218-2266<br/>EFT: T</b> |   |  | CODE <b>HQ0337</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.<br>Reference your <b>offer dated 2003 OCT 22, 4CCPQS</b> and furnish the following on terms specified herein.<br><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   | 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  
**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:<br/>ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.</b> | <b>TOTAL:<br/>52</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>T. Gerlitzki</b><br>BY:  |                      | PAAAAA8                         |                     | 25. TOTAL<br><b>\$ 1820.00</b> |  |
| 26. QUANTITY IN COLUMN 20 HAS BEEN<br><input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED |                         | 28. D.O. VOUCHER NO.   |                      | CONTRACTING/ORDERING OFFICER    |                     | 29. DIFFERENCE                 |  |
| DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____   |                         | 32. PAID BY  |                      | 33. AMOUNT VERIFIED CORRECT FOR |                     | INITIALS                       |  |
| 36. I certify this account is correct and proper for payment.<br>DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____  |                         | 31. PAYMENT<br><input type="checkbox"/> COMPLETE<br><input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL |                      | 34. CHECK NUMBER                |                     | 35. BILL OF LADING NO.         |  |
| 37. RECEIVED AT  | 38. RECEIVED BY (Print) | 39. DATE RECEIVED (YYMMDD)   | 40. TOTAL CONTAINERS | 41. S/R ACCOUNT NUMBER          | 42. S/R VOUCHER NO. |                                |  |

THIS CONTRACT IS WRITTEN IN ACCORDANCE WITH THE TERMS OF THE BASIC ORDERING AGREEMENT N00383-02-G-014G; EFFECTIVE 10/28/02 THRU 10/27/05.

## SECTION B

PR YPC03282000199  
 NSN 1090-01-055-1026

## ITEM DESCRIPTION:

PLATE ASSEMBLY, NUT

CRITICAL APPLICATION ITEM

GENERAL DYNAMICS ARMAMENT AND (05606) P/N 135B6178

| <u>ITEM</u> | <u>PR</u>      | <u>PRLI</u> | <u>QUANTITY</u> | <u>UNIT</u> | <u>UNIT PRICE</u> | <u>AMOUNT</u> |
|-------------|----------------|-------------|-----------------|-------------|-------------------|---------------|
| 0001        | YPC03282000199 | 0001        | 52              | EA          | \$35.00000        | \$1820.00     |

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 = 31: CLNG/DRY = 1: PRESV MAT = 00:  
 WRAP MAT = 00: CUSH/DUNN MAT = XX: CUSH/DUNN THKNESS = X:  
 UNIT CONT = XX: OPI = 0:  
 INTRMDTE CONT = D3: 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  
 SUPPLEMENTAL INSTRUCTIONS

WHENEVER POSSIBLE AND WHEN PERMITTED BY THE  
 TERMS OF THE CONTRACT, AVOID THE USE OF  
 PLASTICS AS WRAPPING, CUSHIONING, OR  
 DUNNAGE MATERIALS.

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 MAY 31

PARCEL POST ADDRESS:

CONTINUED ON NEXT PAGE

SECTION B

SW3210  
DISTRIBUTION DEPOT HILL  
7537 WARDLEIGH RD  
HILL AFB UT 84056-5734

FREIGHT SHIPPING ADDRESS:

SW3210  
DISTRIBUTION DEPOT HILL  
7537 WARDLEIGH RD BLDG 849W  
HILL AFB UT 84056-5734

NON-MILSTRIP  
PROJ

\* \* \* \* \*

REMIT PAYMENT TO:

\* \* \* \* \*