

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. N00383-01-G-015N		2. DELIVERY ORDER NO. UZ4U		3. DATE OF ORDER (YYMMDD) 2003 SEP 02		4. REQUISITION/PURCH REQUEST NO. See Schedule		5. PRIORITY DOC9	
6. ISSUED BY Defense Supply Center Columbus 3990 E. Broad St. P.O. Box 16704 Columbus, OH 43216-5010 Local Administrator: PMMEECK (614)692-2580 / FAX: (614)693-1551 E-mail: Charles.Barnett@dla.mil			CODE SP0700		7. ADMINISTERED BY (If other than 6) DCMA SIKORSKY AIRCRAFT 6900 MAIN ST PO BOX 9731 STRATFORD, CT 06615-9131			CODE S0707A	
9. CONTRACTOR SIKORSKY AIRCRAFT CORP 6900 MAIN ST STRATFORD CT 06615-9129		CODE 78286		FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) 150 DAYS ARO		8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER <i>(See Schedule if other)</i>	
NAME AND ADDRESS		12. DISCOUNT TERMS NET 30 days		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED		13. MAIL INVOICES TO See Block 15			
14. SHIP TO See Schedule - Do Not Ship to Address in Block 6 FMS Requirement CLINS: 0002			CODE		15. PAYMENT WILL BE MADE BY HQ0337 HQ0337 DFAS COLUMBUS CENTER NORTH ENTITLEMENT OPERATIONS P O BOX 182266 COLUMBUS OH 43218-2266			CODE HQ0337	
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 CQ3GU03 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	<input type="checkbox"/>	

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
	Remarks: ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.	TOTAL: 7			

* 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 BY: <i>Lizbeth Alonzo</i> CONTRACTING/ORDERING OFFICER		25. TOTAL \$ 627.06 29. DIFFERENCE 30. INITIALS	
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 _____		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 33. AMOUNT VERIFIED CORRECT FOR 34. CHECK NUMBER 35. BILL OF LADING NO.	
36. I certify this account is correct and proper for payment DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____		37. RECEIVED AT 38. RECEIVED BY (Print) 39. DATE RECEIVED (YYMMDD)		40. TOTAL CONTAINERS 41. S/R ACCOUNT NUMBER 42. S/R VOUCHER NO.	

CONTINUATION SHEET

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SECTION B

PR YPC02329000648
 NSN 4710-00-460-4896

ITEM DESCRIPTION:

TUBE ASSEMBLY, METAL
 SIKORSKY AIRCRAFT CORP (78286) P/N S6130-62171-57

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001	YPC02329000648	0001	5	EA	\$89.58000	\$447.90

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

PREP FOR DELIVERY

PKGING DATA - QUP 001:

SHALL BE PACKAGED STANDARD COMMERCIAL IN ACCORDANCE WITH ASTM D 3951.

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 JAN 30

PARCEL POST ADDRESS:

N00188
 NAVAL AIR STATION OCEANA
 AIR DET NORFOLK
 422 WAREHOUSE ST
 NORFOLK VA 23511-4397

FREIGHT SHIPPING ADDRESS:

N00188
 NAVAL AIR STATION
 SUPPLY DEPARTMENT
 422 WAREHOUSE STREET BLDG SP89
 NORFOLK VA 23511-4397

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SECTION B

M/F: (TCN) N001882319BJ55 XXX
RDD
PROJ AP5 TP 3
SUP ADD Y000BJ SIG A

FOR GOVERNMENT USE ONLY: IPD 13

DIC A4A DIST 9C ADV FC U5

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0002	YPC03167000821	0001	2	EA	\$89.58000	\$179.16

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 = AE: CLNG/DRY = 1: PRESV MAT = 00:
WRAP MAT = XX: CUSH/DUNN MAT = XX: CUSH/DUNN THKNESS = X:
UNIT CONT = E5: OPI = 0:
INTRMDTE CONT = DO: INTRMDTE CONT QTY = AAA:
PACK CODE = Q: PACKING LEVEL = B:
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

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 JAN 30

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SECTION B

PARCEL POST ADDRESS:

FMS REQ'T

CONTACT TRANS OFFICE AT ADMIN OFF PRIOR TO SHIPMENT

M/F: (TCN) PSPH5431640071 XXX

RDD CONTACT TRANS OFFICE AT ADMIN OFFICE PRIOR TO SHIPMENT

PROJ HA9 TP 3

SUP ADD PA7JWT SIG L

FOR GOVERNMENT USE ONLY: IPD 13

DIC A01 DIST F9C ADV FC 48

REMIT PAYMENT TO:

CONTINUED ON NEXT PAGE

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Full text of all DLAD/DSCC clauses listed within this individual solicitation are contained in the DSCC Master Solicitation, current version found at <http://DIBBS.dsccl.dla.mil/refs/provclauses>. Also, the full text of PAR/DFARS clauses incorporated by reference may be accessed electronically at <http://www.dla.mil/j-3/j-336/icps.htm>. The clauses/provisions incorporated by reference have the same

force and effect as if they were in full text; however, those having no bearing on the instant acquisition become self-deleting. In the event of an inconsistency between the Master Solicitation and the individual solicitation/award, the

provision of the individual solicitation/award shall govern.

DSCC NOTE - PAYMENT BY ELECTRONIC FUNDS TRANSFER - CENTRAL CONTRACTOR REGISTRATION: Unless otherwise stated in the remarks section of this contract/order, the payment information contained in the CCR has precedence over any other payment information that may be printed in the Remittance Address field of this contract/order.

SECTION D

Basic Ordering Agreement or Contract Effective Dates
06/01/01 through 05/31/04 .

- () Price List No. dated **/**/** .
(X) Quote/Ref. No. CQ3GU03 dated 08/15/03 .
(X) FOB Origin - Clin(s) ALL
(X) FOB Origin Shipping Point: Stratford, CT
() FOB Destination - Clin(s)
() PAS Serial No.
() NIB/NISH Allocation No.
(X) Firm Fixed Price
() Firm Fixed Price w/EPA

D03 - PACKING LIST/INVOICE/SHIPPING DOCUMENTS (JUN 2000)
(DSCC 52.211-9C17)

- (a) A packing list, invoice, or shipping documents shall accompany or be included in ALL shipments.
(b) The document(s) shall include the following:
Complete MARK FOR including requisition (TCN) number; Order Number; CLIN; National Stock Number (NSN) or Part Number if NSN is not available; Quantity; Unit of Issue; and Preparation for Delivery requirements such as MIL-STD-2073 Coded Packaging, QUP, and Military Preservation Methods.
(c) In addition for all DIRECT SHIPMENTS to overseas AND domestic consignees, including shipments to Consolidation and Containerization, the documentation with complete MARK FOR INFORMATION is to be placed in a water-resistant envelope securely attached to the outside of the shipping container/ exterior pack. (This paragraph 'c' is not applicable to shipments to a Government Packing Facility)

D14 - PALLETIZATION REQUIREMENTS (DSCC 52.211-9C01)
(JUL 2002)

Shipments of identical items packed in four or more shipping containers exceeding a total of 48 cubic feet per destination shall be palletized except when the shipping containers are required to be skidded or a quantity of four shipping containers per pallet exceeds the size or weight limitations for palletized loads. Complete information concerning requirements for palletization can be found at:

<http://www.dsccl.dla.mil/downloads/packaging/dc1636p001.doc>

SECTION F

F07 - FMS SHIPPING INSTRUCTIONS (DLAD 52.225-9002)
(JUN 1998)

Applicable to CLINS 0002

SECTION I

I04 - Y2K COMPLIANCE NOTICE (DLAD 52.239-9000) (JUN 2002)**I11 - REQUIRED CENTRAL CONTRACTOR REGISTRATION**
(DFARS 252.204-7004) (NOV 2001)

(d) Offerors and contractors may obtain information on registration and annual confirmation requirements by calling 1-888-227-2423, or via the Internet at <http://www.ccr.gov>.