

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. F34601-01-G-0004 | | 2. DELIVERY ORDER NO. UBA2 | | 3. DATE OF ORDER (YYMMDD) 2003 DEC 03 | | 4. REQUISITION/PURCH REQUEST NO. FPC03302000434 | | 5. PRIORITY DOA1 | | |
| 6. ISSUED BY Defense Supply Center Columbus 3990 E. Broad St. P.O. Box 16704 Columbus, OH 43216-5010 Local Administrator: PMMEECD (614)692-7456 / FAX: (614)693-1551 E-mail: Pamela.Stevenson@dla.mil | | | CODE SP0700 | | 7. ADMINISTERED BY (if other than 6) DCMC VAN NUYS 6230 VAN NUYS BLVD 818 267-2000 VAN NUYS CA 91401-2713 | | | CODE S0512A | | 8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER <i>(See Schedule if other)</i> |
| 9. CONTRACTOR WHITTAKER CONTROLS INC. 12838 SATICOY STREET NORTH HOLLYWOOD CA 91605-3505 | | CODE 79318 | | FACILITY CODE | | 10. DELIVER TO FOB POINT BY (Date) (YYMMDD) 365 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 See Schedule - Do Not Ship to Address in Block 6 | | | CODE | | 15. PAYMENT WILL BE MADE BY HQ0339 | | | CODE HQ0339 | | MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER |
| | | | 16. PAYMENT WILL BE MADE BY HQ0339 DFAS COLUMBUS CENTER WEST ENTITLEMENT OPERATIONS P O BOX 182381 COLUMBUS OH 43218-2381 | | | 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. | | | | | | | |
| | PURCHASE | | Reference your offer dated 2003 NOV 10, 12606 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. | | | | | | | |

| | | | |
|---|-----------|----------------------|----------------------|
| <input type="checkbox"/> NAME OF CONTRACTOR | SIGNATURE | TYPED NAME AND TITLE | DATE SIGNED (YYMMDD) |
|---|-----------|----------------------|----------------------|

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: 18 | | | |

| | | | | | |
|--|--|--|--|---------------------------------|--|
| * 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 | | 25. TOTAL \$ 50400.00 | |
| 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 | | 27. SHIP. NO. | | 29. DIFFERENCE | |
| DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____ | | 31. PAYMENT <input type="checkbox"/> COMPLETE <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 _____ | | 32. PAID BY | | 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. | | | |

Packaging - Inspection and Acceptance Address:
3L633

JAMAR PACKAGING INC
24810 AVE TIBBETTS
VALENCIA CA 91355

SECTION B

PR FPC03302000434
NSN 4810-01-363-1952

ITEM DESCRIPTION:

VALVE, REGULATING, FLUID PRESSURE.

"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."

"ITEMS SUPPLIED MUST BE FREE OF ASBESTOS. LISTED CODE AND PART NUMBERS CONTAINING ASBESTOS ARE NO LONGER ACCEPTABLE, AND ANY ALTERNATIVE ITEM/MATERIAL MUST BE APPROVED IN ACCORDANCE WITH CLAUSE L30 AND PROVISION 4 - CONDITIONS FOR EVALUATION AND ACCEPTANCE OF OFFERS FOR PART NUMBERED ITEMS."

CRITICAL APPLICATION ITEM

WHITTAKER CONTROLS INC. (79318) P/N 320135

| <u>ITEM</u> | <u>PR</u> | <u>PRLI</u> | <u>QUANTITY</u> | <u>UNIT</u> | <u>UNIT PRICE</u> | <u>AMOUNT</u> |
|-------------|----------------|-------------|-----------------|-------------|-------------------|---------------|
| 0001 | FPC03302000434 | 0001 | 18 | EA | \$2800.00000 | \$50400.00 |

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 = BL: CLNG/DRY = 1: PRESV MAT = 49:
WRAP MAT = XX: CUSH/DUNN MAT = AD: CUSH/DUNN THKNSS = X:
UNIT CONT = E5: OPI = O:
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

SUPPLEMENTAL INSTRUCTIONS

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

DELIVER FOB: ORIGIN BY: 2004 DEC 02

PARCEL POST ADDRESS:

W62G2T
XU DEF DIST DEPOT SAN JOAQUIN
TRANSPORTATION OFFICER
PO BOX 960001
STOCKTON CA 95296-0130

FREIGHT SHIPPING ADDRESS:

W62G2T
XU DEF DIST DEPOT SAN JOAQUIN
25600 S CHRISMAN ROAD
REC WHSE 10 PH 209 839 4307
TRACY CA 95376-5000

NON-MILSTRIP
PROJ

REMIT PAYMENT TO:

CONTINUED ON NEXT PAGE

CONTINUATION SHEET

Order Number:

F34601-01-G-0004-UBA2

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THE PURCHASE ORDER CLAUSES ARE APPLICABLE AS INDICATED IN THE
DSCC MASTER SOLICITATION FOR AUTOMATED SOLICITATIONS AND
RESULTING AWARDS REVISION 13 FOUND ON THE DSCC WEB SITE AT
<http://dibbs.dsc.dla.mil/refs/provclauses/>