

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. SP0905-04-D-7001		2. DELIVERY ORDER NO. 0002		3. DATE OF ORDER (YYMMDD) 2004 FEB 03		4. REQUISITION/PURCH REQUEST NO. FPE04023000480		5. PRIORITY DOA7	
6. ISSUED BY Defense Supply Center Columbus 3990 E. Broad St. P.O. Box 16704 Columbus, OH 43216-5010 Local Administrator: PCCPANK (614)692-7881 / FAX: (614)692-6915 E-mail: Donna.Favors@dla.mil				7. ADMINISTERED BY (If other than 6) CMDR DCMC VAN NUYS 6230 VAN NUYS BLVD VAN NUYS CA 91401-2713		8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER <i>(See Schedule if other)</i>			
9. CONTRACTOR KAVLICO CORP. A SOLECTRON CO. DBA 14501 E LOS ANGELES AVE MOORPARK CA 93021-9738		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) See Schedule		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		13. MAIL INVOICES TO See Block 15	
14. SHIP TO See Schedule - Do Not Ship to Address in Block 6		15. PAYMENT WILL BE MADE BY HQ0339 HQ0339 DFAS COLUMBUS CENTER WEST ENTITLEMENT OPERATIONS P O BOX 182381 COLUMBUS OH 43218-2381 EFT: T		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 _____ 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		

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
EG: 97X4930 5CE0 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: 100			

* 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 Denise Kogge PCCPAEW		25. TOTAL \$ 196700.00	
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		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.			

Packaging - Inspection and Acceptance Address:
8Y351

WHALING WEST PACKAGING CORP
2574 TURQUOISE CIR
NEWBURY PARK CA 91320-1211

SECTION B

PR FPE04023000480
NSN 5950-00-357-2764

ITEM DESCRIPTION:

TRANSFORMER, POWER

THE USE OF ANY CLASS I OZONE-DEPLETING SUBSTANCE (ODS) IN THE DESIGN, MANUFACTURING, TESTING, CLEANING, OR ANY OTHER PROCESS FOR THIS ITEM UNDER ANY MILITARY OR FEDERAL SPECIFICATION, STANDARD OR DRAWING REFERENCED IN THIS ITEM DESCRIPTION IS "PROHIBITED" UNLESS THE SEPARATE WRITTEN APPROVAL OF THE CONTRACTING OFFICER IS OBTAINED. THIS PROHIBITION SUPERSEDES ALL SPECIFICATION REQUIREMENTS BUT DOES NOT ALLEVIATE ANY PRODUCT PERFORMANCE REQUIREMENTS. THIS DOES NOT APPLY TO COMMERCIAL ITEMS, AS DEFINED IN "FAR 11.001" OR TO PART-NUMBERED-ONLY ITEMS.

CRITICAL APPLICATION ITEM

KAVLICO CORP. A SOLECTRON CO. (22863) P/N GM6806
PARKER HANNIFIN CORPORATION (93835) P/N 970205-1

This delivery order is being placed against the basic LTC dated 2003 Nov 13. All terms and conditions stated in the basic contract are applicable and remain in effect.

5 days was added to the quoted delivery ilo awarding ARO.

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001AA	FPE04023000480	0001	50	EA	\$1967.00000	\$98350.00

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

DELIVERY FOB: ORIGIN BY: 2004 AUG 06

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001AB	FPE04023000480	0001	50	EA	\$1967.00000	\$98350.00

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

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SECTION B

PR FPE04023000480 PRLI 0001 CONT'D
DELIVERY FOB: ORIGIN BY: 2004 SEP 05

PREP FOR DELIVERY

PKGING DATA - MIL-STD-2073-1D, 15 DEC 1999
QUP = 001: PRES MTHD = 41: CLNG/DRY = 1: PRESV MAT = 00:
WRAP MAT = 00: CUSH/DUNN MAT = NA: CUSH/DUNN THKNESS = X:
UNIT CONT = E8: OPI = M:
INTRMDTE CONT = E5: INTRMDTE CONT QTY = AAA:
PACK CODE = U:
MARKING SHALL BE IN ACCORDANCE WITH MIL-STD-129.
SPECIAL MARKING CODE: 06 - DELICATE INSTRUMENT AND ARROW UP.
SUPPLEMENTAL INSTRUCTIONS
FRAGILE ITEM: HANDLE WITH CARE,
TERMINALS ON OUTSIDE OF TRANSFORMER
ARE SUBJECT TO BENDING/BREAKING AND ARE
VERY FRAGILE.

DOD BAR CODE MARKING REQUIRED IN ACCORDANCE WITH
MIL-STD-129 (LATEST REVISION) MARKING AND BAR
CODING IN ACCORDANCE WITH AIM BC1.

PARCEL POST ADDRESS:

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

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SECTION B

REMIT PAYMENT TO:

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