

Kirk, Matthew M (DSCC)

From: FACSys Fax Connector (COL1SMX03) [FACSys Fax Connector@]
Sent: Monday, October 06, 2003 7:12 AM
To: Kirk, Matthew M (DSCC)
Subject: Delivered: ub69

Subject: ub69
Scheduled At: Monday, October 06, 2003 7:09 AM
Serviced By: FACSys server COL1SMF02

Sent successfully to *81755 @ (7,817) 7624281 on Monday, October 06, 2003 7:09:59 AM
Pages:4. Connect time: 01:35. Re-dials: 0. Remote CSI:LMAERO FW . Billing: .

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. F42600-02-G-0007		2. DELIVERY ORDER NO. UB69		3. DATE OF ORDER (YYMMDD) 2003 OCT 03		4. REQUISITION/PURCH REQUEST NO. YPC03202000411		5. PRIORITY DOA1		
6. ISSUED BY Defense Supply Center Columbus 3990 E. Broad St. P.O. Box 16704 Columbus, OH 43216-5010 Local Administrator: PAABCAG (614)692-2945 / FAX: (614)692-1238 E-mail: Ellen.L.Williams@dla.mil			CODE SP0700	7. ADMINISTERED BY (If other than 6) DCMC LOCKHEED MARTIN FT WORTH ATTN DSMDW-RJO PO BOX 371 MAIL ZONE 2160 FORT WORTH TX 76101-0371			CODE S4419A		8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER <small>(See Schedule if other)</small>	
9. CONTRACTOR LOCKHEED MARTIN CORPORATION DBA LOCKHEED MARTIN AERONAUTICS LOCKHEED BLVD. P.O. BOX 748 FORT WORTH TX 76101-0748			CODE 81755	FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) 424 DAYS ARO		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED		
14. SHIP TO See Schedule - Do Not Ship to Address in Block 6			CODE	15. PAYMENT WILL BE MADE BY ATTN DFAS CO BVDPC/CC CONSTRUCTIO 3990 E BROAD ST PO BOX 182317 COLUMBUS OH 43218-6203			CODE S33181		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	

16. DELIVERY TYPE OF ORDER: DELIVERY, PURCHASE

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 **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.** and furnish the following on terms specified herein.

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: CONFIRMING ORDER -- DO NOT DUPLICATE ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.	TOTAL: 1			

* 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>Matthew M. Kiel</i> CONTRACTING/ORDERING OFFICER		25. TOTAL \$ 203.04	
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. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		29. DIFFERENCE	
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____		28. D.O. VOUCHER NO.		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		32. PAID BY	
37. RECEIVED AT		38. RECEIVED BY (Print)		33. AMOUNT VERIFIED CORRECT FOR	
39. DATE RECEIVED (YYMMDD)		40. TOTAL CONTAINERS		34. CHECK NUMBER	
		41. S/R ACCOUNT NUMBER		35. BILL OF LADING NO.	
		42. S/R VOUCHER NO.			

SECTION B

PR YPC03202000411
 NSN 4710-01-047-7757

ITEM DESCRIPTION:

TUBE ASSEMBLY, METAL

CRITICAL APPLICATION ITEM

LOCKHEED MARTIN CORPORATION (81755) P/N 16P060-127

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001	YPC03202000411	0001	1	EA	\$203.04000	\$203.04

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 = ZZ: CLNG/DRY = X: PRESV MAT = XX:
 WRAP MAT = XX: CUSH/DUNN MAT = XX: CUSH/DUNN THKNSS = X:
 UNIT CONT = XX: OPI = A:
 PACK CODE = Q: PACKING LEVEL = A:
 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
 ASTM B660
 PACKAGING SHALL BE IAW ASTM-B-660.

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 NOV 30

PARCEL POST ADDRESS:

CONTINUED ON NEXT PAGE

SECTION B

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:
