

# 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. <b>SP0920-04-V-4423</b>		2. DELIVERY ORDER NO.		3. DATE OF ORDER (YYMMDD) <b>2004 MAR 04</b>		4. REQUISITION/PURCH REQUEST NO. <b>YPE04044000345</b>		5. PRIORITY <b>DOA1</b>	
6. ISSUED BY <b>Defense Supply Center Columbus 3990 E. Broad St. P.O. Box 16704 Columbus, OH 43216-5010 Local Administrator: PCCCK00 (614)692-8553 / FAX: (614)692-6931 E-mail: Joanne.Bogner@dla.mil</b>				7. ADMINISTERED BY (If other than 6) <b>CMDR DCMC DALLAS 1200 MAIN ST DALLAS TX 75202-4399</b>		8. DELIVERY FOB <input checked="" type="checkbox"/> DEST <input type="checkbox"/> OTHER <i>(See Schedule if other)</i>			
9. CONTRACTOR <b>L-3 COMMUNICATIONS CORPORATION DIV LINK SIMULATION &amp; TRAINING 2200 ARLINGTON DOWNS ROAD ARLINGTON TX 76011-6320</b>		CODE <b>1PQF4</b>		FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) <b>180 DAYS ADO</b>		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 <b>NET 30 days</b>		13. MAIL INVOICES TO <b>See Block 15</b>	
14. SHIP TO <b>See Schedule - Do Not Ship to Address in Block 6</b>		CODE		15. PAYMENT WILL BE MADE BY <b>DFAS - COLUMBUS CENTER ATTN DFAS BVDPC/CC 3990 E BROAD ST PO BOX 182317 COLUMBUS OH 43218-6205</b>		CODE <b>S33184</b>		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.
	PURCHASE		
Reference your <b>offer dated 2004 FEB 23</b> 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.			

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
	<b>Remarks: ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.</b>	<b>TOTAL: 49</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>Michael Kenney</b> PCCCXJX		25. TOTAL \$ <b>30643.62</b>	
BY: <i>Michael C. Kenney</i>		CONTRACTING/ORDERING OFFICER		29. DIFFERENCE	
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		D.O. VOUCHER NO.		30. INITIALS	
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR	
36. I certify this account is correct and proper for payment.		31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		34. CHECK NUMBER	
DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____				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.

## SECTION B

PR YPE04044000345  
NSN 5850-01-499-0966

## ITEM DESCRIPTION:

FILTER SUBASSEMBLY, LIGHT  
L-3 COMMUNICATIONS CORP  
CAGE 1PQF4  
P/N 2166980-008  
1LAK9 2166980 REV A  
ADEQUATE TECHNICAL DATA IS NOT AVAILABLE TO FULLY DESCRIBE THIS ITEM. HOWEVER, PARTIAL DATA SPECIFIED IN THE AID SETS FORTH ESSENTIAL CHARACTERISTICS OF THE ITEM. ONLY THE SPECIFIED MANUFACTURER'S PART NUMBER(S), MODIFIED AS NECESSARY TO CONFORM TO THE PARTIAL DATA, ARE ACCEPTABLE. OFFERS OF OTHER ITEMS ARE CONSIDERED ALTERNATE OFFERS AS DEFINED IN DLAD 52.217-9002 AND ELSEWHERE IN THE SOLICITATION.

DLAD 52.246-9004, PRODUCT VERIFICATION TESTING, APPLIES. THIS CLAUSE IS A GOVERNMENT OPTION THAT CAN ONLY BE INVOKED UPON THE COGNIZANT CONTRACT ADMINISTRATION OFFICE NOTIFYING THE CONTRACTOR THAT PVT SAMPLES ARE TO BE SELECTED.

## CRITICAL APPLICATION ITEM

L-3 COMMUNICATIONS CORPORATION (1PQF4) P/N 2166980-008

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001	YPE04044000345	0001	49	EA	\$625.38000	\$30643.62

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 = LA: CUSH/DUNN MAT = NA: CUSH/DUNN THKNESS = X:  
UNIT CONT = D3: OPI = M:  
INTRMDTE CONT = E5: INTRMDTE CONT QTY = AAA:  
PACK CODE = U:  
MARKING SHALL BE IN ACCORDANCE WITH MIL-STD-129.

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SECTION B

SPECIAL MARKING CODE: 05 - DELICATE INSTRUMENT.  
PALLETIZATION SHALL BE IN ACCORDANCE WITH D001450000 REV B  
DATED 1290  
SEE CLAUSE 52.211-9G22, SECTION F, CODE F8,  
FOR D001450000 PALLETIZATION REQUIREMENTS.

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

DELIVER FOB: DESTINATION BY: 2004 AUG 31

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

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REMIT PAYMENT TO:

\* \* \* \* \*

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CONTINUATION SHEET

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THE PURCHASE ORDER CLAUSES ARE APPLICABLE AS INDICATED IN THE  
DSCC MASTER SOLICITATION FOR AUTOMATED SOLICITATIONS AND  
RESULTING AWARDS REVISION 14 FOUND ON THE DSCC WEB SITE AT  
<http://dibbs.dsc.dla.mil/refs/provclauses/>