

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. UZ4V		3. DATE OF ORDER (YYMMDD) 2003 SEP 04		4. REQUISITION/PURCH REQUEST NO. YPC03223000808		5. PRIORITY DOA1			
6. ISSUED BY Defense Supply Center Columbus 3990 E. Broad St. P.O. Box 16704 Columbus, OH 43216-5010 Local Administrator: PAABCAB (614)692-3799 / FAX: (614)692-1238 E-mail: Myrtice.Miller@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	8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER <i>(See Schedule if other)</i>			
9. CONTRACTOR SIKORSKY AIRCRAFT CORP 6900 MAIN ST STRATFORD CT 06615-9129			CODE 78286	FACILITY CODE			10. DELIVER TO FOB POINT BY (Date) (YYMMDD) 300 DAYS ARO		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED		
NAME AND ADDRESS			CRITICALITY: B			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 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.
	PURCHASE	<input type="checkbox"/>	
Reference your offer dated 2003 AUG 27, CQ3NU-03 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
CG: 97X4930 SCC0 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		25. TOTAL \$ 1542.54	
		BY:		CONTRACTING/ORDERING OFFICER	
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.		28. D.O. VOUCHER NO.	
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____		<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY	
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		30. INITIALS	
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 YPC03223000808
NSN 3040-00-106-0450

ITEM DESCRIPTION:

SHAFT ASSEMBLY, SHOULDERED. (SHAFT ASSEMBLY,
CARGO.)

DLAD CLAUSE 52.246-9004, PRODUCT VERIFICATION
TESTING, IS HEREBY INCORPORATED, AND MAY BE
INVOKED AT THE DISCRETION OF THE PROCUREMENT
ACTIVITY.

CRITICAL APPLICATION ITEM

SIKORSKY AIRCRAFT CORP (78286) P/N S6120-62277-016

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001	YPC03223000808	0001	1	EA	\$1542.54000	\$1542.54

QTY VARIANCE: PLUS 5% MINUS 5%
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 JUN 30

PARCEL POST ADDRESS:

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

CONTINUED ON NEXT PAGE

SECTION B

FREIGHT SHIPPING ADDRESS:

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

M/F: (TCN) N001883216BJ32 XXX
RDD
PROJ AK1 TP 2
SUP ADD 3BGOHS SIG A

FOR GOVERNMENT USE ONLY: IPD 06

DIC A4A DIST 9C ADV FC U5

REMIT PAYMENT TO:
