

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. UZ5Q		3. DATE OF ORDER (YYMMDD) 2003 OCT 06		4. REQUISITION/PURCH REQUEST NO. YPC03093001401		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) CODE S0707A			8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER <small>(See Schedule if other)</small>	
9. CONTRACTOR SIKORSKY AIRCRAFT CORP 6900 MAIN ST STRATFORD CT 06615-9129			CODE 78286		FACILITY CODE 78286		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) 421 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 CODE HQ0337			MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	
					HQ0337 DFAS COLUMBUS CENTER NORTH ENTITLEMENT OPERATIONS P O BOX 182266 COLUMBUS OH 43218-2266			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. Reference your offer dated 2003 SEP 18, CQ1NE-03 ORAL 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
**CG: 97X4930 5CC0 001 26.0 S33150
97X4930 5CC0 001 22.1 S33150 (TRANS)**

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: 2			

* 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 \$ 1827.16	
		BY: <i>Paul Clauer</i>		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		31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		33. AMOUNT VERIFIED CORRECT FOR	
DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____		37. RECEIVED AT		34. CHECK NUMBER	
38. RECEIVED BY (Print)		39. DATE RECEIVED (YYMMDD)		35. BILL OF LADING NO.	
		40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER	
				42. S/R VOUCHER NO.	

Manufacture Facilities:

78286

SIKORSKY AIRCRAFT CORP

6900 MAIN ST

STRATFORD CT 06615-9129

SECTION B

PR YPC03093001401
NSN 3040-00-938-9621

ITEM DESCRIPTION:

CONNECTING LINK, RIGID.

CRITICAL APPLICATION ITEM

SIKORSKY AIRCRAFT CORP (78286) P/N 65400-00111-068

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
2001	YPC03093001401	0001	2	EA	\$913.58000	\$1827.16

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 = GH: CUSH/DUNN MAT = GT: CUSH/DUNN THKNESS = X:
UNIT CONT = D4: OPI = 0:
INTRMDTE CONT = E5: INTRMDTE CONT QTY = AAA:
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

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

W25G1U
XU TRANSPORTATION OFFICER
DDSP NEW CUMBERLAND FACILITY
BUILDING MISSION DOOR 113 134
NEW CUMBERLAND PA 17070-5001

FREIGHT SHIPPING ADDRESS:

W25G1U
TRANSPORTATION OFFICER
DDSP NEW CUMBERLAND FACILITY
BUILDING MISSION DOOR 113-134
NEW CUMBERLAND PA 17070-5001

NON-MILSTRIP
PROJ NS1

REMIT PAYMENT TO:
