

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. F34601-02-G-0004		2. DELIVERY ORDER NO. UBW1		3. DATE OF ORDER (YYMMDD) 2004 OCT 06		4. REQUISITION/PURCH REQUEST NO. YPC04194000164		5. PRIORITY DOA1									
6. ISSUED BY Defense Supply Center Columbus P.O. Box 3990 Columbus, OH 43218-3990 Local Administrator: PCCSCGT (614)692-1078 / FAX: (614)692-6910 E-mail: Sandra.J.Hughes@dta.mil			CODE SP0700		7. ADMINISTERED BY (if other than 6) CODE S0703A DCMA HAMILTON SUNSTRAND 1 HAMILTON RD WINDSOR LOCKS CT 06096-0463			8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER <small>(See Schedule if other)</small>									
9. CONTRACTOR HAMILTON SUNSTRAND CORPORATION ONE HAMILTON ROAD WINDSOR LOCKS CT 06096-1010			CODE 73030		FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) 114 DAYS ADO		11. MARK IF BUSINESS IS <input checked="" type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED								
NAME AND ADDRESS							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 HQ0337 DFAS COLUMBUS CENTER NORTH ENTITLEMENT OPERATIONS P O BOX 182266 COLUMBUS OH 43218-2266			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 offer dated 2004 AUG 12, 177531 Q5 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.																	
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">NAME OF CONTRACTOR</td> <td style="width: 30%; border: none;">SIGNATURE</td> <td style="width: 30%; border: none;">TYPED NAME AND TITLE</td> <td style="width: 10%; border: none;">DATE SIGNED (YYMMDD)</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:</td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> </table>										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:			
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: ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.				TOTAL: 8												
* 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		\$ 3114.64									
				BY: <i>Jerry Wilson</i> 10/5/04		29. DIFFERENCE											
				CONTRACTING/ORDERING OFFICER		30. INITIALS											
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.		33. AMOUNT VERIFIED CORRECT FOR									
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____				<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		34. CHECK NUMBER									
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				35. BILL OF LADING NO.									
DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____				37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYMMDD)									
40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.													

CONTINUATION SHEET

Order Number:

F34601-02-G-0004-UBW1

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INSPECTION/ACCEPTANCE AND FOB TAKE PLACE AT ORIGIN AT WINDSOR LOCK, CT.

SECTION B

PR YPC04194000164
NSN 4730-00-737-9188

ITEM DESCRIPTION:

STRAINER ELEMENT, SEDIMENT.

IF AQLS ARE LISTED IN THE SPECIFICATION(S)
OR DRAWING(S) THEY MAY BE USED TO ESTABLISH THE
AUTHORIZED SAMPLE SIZE, HOWEVER, THE ACCEPTANCE
NUMBER FOR THIS CONTRACT IS ZERO; I.E., THIS
CONTRACT REQUIRES A SAMPLING PLAN THAT ACCEPTS
ON ZERO DEFECTS AND REJECTS ON ONE OR MORE
DEFECT(S).

"ASO/NAVSEA/AVSCOM CRITICAL ITEM"

CRITICAL APPLICATION ITEM

HAMILTON SUNDSTRAND CORPORATION (73030) P/N 561671

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001	YPC04194000164	0001	8	EA	\$389.33000	\$3114.64

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 = 10: CLNG/DRY = 1: PRESV MAT = 00:
WRAP MAT = CA: CUSH/DUNN MAT = 00: CUSH/DUNN THKNSS = 0:
UNIT CONT = A1: 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

For all shipments of packaged materiel to the
government, which includes either depot (DLA-
direct) or DVD (customer-direct) shipments, both
DoD linear and 2-D bar code markings are required

CONTINUED ON NEXT PAGE

SECTION B

on military shipping labels in accordance with MIL-STD-129, revision P, dated December 15, 2002. 2-D bar coding shall be in accordance with ISO/IEC 15438, ISO/IEC 15434 (ANSI MH10.8.3) and DoD 4500.9-R. MSL linear (code 3 of 9 or code 39) bar coding shall be in accordance with ISO/IEC 16388. MSL label stock quality shall meet MIL-PRF-61002. MSL bar code print quality shall meet ANSI MH10.8-2000 or ANSI X3.182-1990 (R2000) for applicable 2-D and/or linear bar codes. All DVD shipments shall meet additional linear bar coding requirements in DLAD 52.211-9008. When the contract/order omits any data element required to be bar-coded, the field shall be zero-filled. These requirements do not apply to delivery orders when the basic contract has not been modified to require MIL-STD-129P. If there are inconsistencies between the schedule and MIL-STD-129P, the schedule takes precedence.

DELIVER FOB: ORIGIN BY: 2005 JAN 28

PARCEL POST ADDRESS:

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

CONTINUED ON NEXT PAGE

SECTION B

REMIT PAYMENT TO:

Fax: (860) 654-6905
P.O.C. Harvey Jacobson
ph: (860) 654-6847