

# ORDER FOR SUPPLIES OR SERVICES

Form Approved  
OMB No. 0704-0187  
Expires Jun 30, 1997

PAGE 1 OF  
**4**

*(Contractor must submit four copies of invoice.)*

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>N00383-01-G-015N</b>		2. DELIVERY ORDER NO. <b>UZF5</b>		3. DATE OF ORDER (YYMMDD) <b>2004 JAN 07</b>		4. REQUISITION/PURCH REQUEST NO. <b>YPC03346000908</b>		5. PRIORITY <b>DOC9</b>		
6. ISSUED BY <b>Defense Supply Center Columbus 3990 E. Broad St. P.O. Box 16704 Columbus, OH 43216-5010 Local Administrator: PNNANQ (614)692-7520 / FAX: (614)692-6906 E-mail: Cynthia.Bartholemew@dla.mil</b>			CODE <b>SP0700</b>		7. ADMINISTERED BY (If other than 6) <b>DCMA SIKORSKY AIRCRAFT 6900 MAIN ST PO BOX 9731 STRATFORD, CT 06615-9131</b>			CODE <b>S0707A</b>		8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER <i>(See Schedule if other)</i>
9. CONTRACTOR <b>SIKORSKY AIRCRAFT CORP 6900 MAIN ST STRATFORD CT 06615-9129</b>		CODE <b>78286</b>		FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) <b>240 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>		15. PAYMENT WILL BE MADE BY <b>HQ0337</b> <b>HQ0337 DFAS COLUMBUS CENTER NORTH ENTITLEMENT OPERATIONS P O BOX 182266 COLUMBUS OH 43218-2266</b> <b>EFT: T</b>		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER
16. TYPE OF ORDER	<input checked="" type="checkbox"/> DELIVERY <input type="checkbox"/> 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 <b>offer dated 2003 DEC 17, Mr. Steve Kelly</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.								
<input type="checkbox"/>	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 <b>CG: 97X4930 5CC0 001 26.0 S33150</b>										
18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT					
	Remarks: <b>CONFIRMING ORDER - DO NOT DUPLICATE ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.</b>	<b>TOTAL: 1</b>								
		24. UNITED STATES OF AMERICA				25. TOTAL	<b>S</b>	<b>2460.87</b>		
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.	29. DIFFERENCE	30. INITIALS	31. PAID BY	32. AMOUNT VERIFIED CORRECT FOR	33. CHECK NUMBER	34. BILL OF LADING NO.	
35. I certify this account is correct and proper for payment.	DATE	SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE	<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	36. PAID BY	37. COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	38. RECEIVED BY (Print)	39. DATE RECEIVED (YYMMDD)	40. TOTAL CONTAINERS	41. S/R ACCOUNT NUMBER	
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 YPC03346000908

CAGE/PN 78286 7055202102

CAGE SDC NAME - ADDRESS  
 78286 A 6900 MAIN ST  
 STRATFORD CT 06615-9129  
 203-383-7833

## ITEM DESCRIPTION:

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001	YPC03346000908	0001	1	EA	\$2460.87000	\$2460.87

QTY VARIANCE: PLUS 0% MINUS 0%  
 INSPECTION POINT: ORIGIN  
 ACCEPTANCE POINT: ORIGIN

## EXCEPTION DATA:

NOTE: 1/7/04

SIKORSKY AIRCRAFT CORPORATION REFERENCE QUOTE NO#: AQ 59X 2003 DA  
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SIKORSKY AIRCRAFT CORPORATION DATE OF QUOTE: 17 DEC 03  
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MFC: 78286 P/N: 70552-02102-045  
 ITEM: HARN ASSEMBLY NO 2 GEN  
 TM 1-1520-237-23P-3 1MAY03  
 PAGE: 156-1 FIGURE: 156 ITEM: 17  
 E/I: (1520-01-035-0266)  
 MAKE: HELICOPTER MODEL: UH-60  
 SERIES: A SERIAL #: 8323685  
 DATA AVAILABLE 053

## NOTE 2:

COMPANY: SIKORSKY AIRCRAFT CORP.  
 POC: MR. STEVE KELLY  
 PHONE: 1 203 386 7447  
 FAX: 1 203 386 7928  
 EMAIL: Skelly@SIKORSKY.com  
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## NOTE 3:

SIKORSKY AIRCRAFT IS AUTHORIZED TO SHIP LESS NSN IF ONE HAS NOT

CONTINUED ON NEXT PAGE

SECTION B

BEEN ASSIGNED.  
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PREP FOR DELIVERY

COMMERCIAL PRACTICE PPP WITH MIL-STD-129 MARKING.

DELIVERY FOB: ORIGIN BY: 2004 SEP 03

PARCEL POST ADDRESS:

W25N14  
XU CONSOL AND CONTAINERIZATION PT  
DDSP NEW CUMBERLAND FACILITY  
BLDG 2001 CCP DOOR 135 THRU 168  
NEW CUMBERLAND PA 17070-5001

FREIGHT SHIPPING ADDRESS:

CONTACT TRANS OFF AT ADMIN OFF PRIOR TO SHIPMENT

M/F: (TCN) WK4SRM33426601 XXX  
RDD 999/NMCS CONTACT TRANS OFFICE AT ADMIN OFFICE PRIOR TO SHIPMENT  
PROJ 9GF TP 1  
SUP ADD WK4GFY SIG L

FOR DOCUMENT DISTRIBUTION ONLY:

WK4GFY  
SR 0502 TC HHC 02 AUG  
CMR 418  
AWCF SSF  
APO AE 09058

FOR GOVERNMENT USE ONLY: IPD 02

DIC A05 DIST Q ADV 2A FC UB

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**SECTION B**

REMIT PAYMENT TO:

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