

ORDER FOR SUPPLIES OR SERVICES

(Contractor must submit four copies of invoice.)

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

PAGE 1 OF

3

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. N00383-02-G-014G		2. DELIVERY ORDER NO. UB7N		3. DATE OF ORDER (YYMMDD) 2003 AUG 08		4. REQUISITION/PURCH REQUEST NO. YPC03119000059		5. PRIORITY DOA5	
6. ISSUED BY Defense Supply Center Columbus 3990 E. Broad St. P.O. Box 16704 Columbus, OH 43216-5010 Local Administrator: PAABCAA (614)692-2067 / FAX: (614)693-1679 E-mail: Sharon.Dumbaugh@dla.mil			CODE SP0700		7. ADMINISTERED BY (If other than 6) DCMA GENERAL DYNAMICS DEFENSE SYST 128 LAKESIDE AVE BURLINGTON VT 05401-4985			CODE S4601A	
9. CONTRACTOR GENERAL DYNAMICS ARMAMENT AND TECHNICAL PRODUCTS INC. 128 LAKESIDE AVENUE BURLINGTON VT 05401-4985		CODE 05606		FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) 236 DAYS ARO		8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER <small>(See Schedule if other)</small>	
NAME AND ADDRESS		12. DISCOUNT TERMS NET 30 days		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED		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 EFT: T		CODE HQ0337		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	

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 JUL 30, 4CC5RT 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

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 Joan L. Jackson PAAAM04		25. TOTAL \$ 2066.00	
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		BY:		29. DIFFERENCE	
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____		TRACTING/ORDERING OFFICER NUMBER NO. _____		30. INITIALS	
36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____		32. PAID BY <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		33. AMOUNT VERIFIED CORRECT FOR	
		31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		34. CHECK NUMBER	
				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 YPC03119000059
NSN 3040-01-246-7847

ITEM DESCRIPTION:

GEARSHAFT, SPUR

"ASO/NAVSEA/AVSCOM CRITICAL ITEM"

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

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001	YPC03119000059	0001	1	EA	\$2066.00000	\$2066.00

QTY VARIANCE: PLUS 0% MINUS 0%
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 MAR 31

PARCEL POST ADDRESS:

R57082
MALS 13 REAR SUPPLY
P O BOX 99190
MCAS YUMA AZ 85369-9190

CONTINUED ON NEXT PAGE

SECTION B

FREIGHT SHIPPING ADDRESS:

R57082
MALS 13 REAR SUPPLY
COMM 520 341 2412 DSN 951 2412
BLDG 328 MARINE CORPS AIR STATION
YUMA AZ 85369-5000

M/F: (TCN) R5708231140008 XXX
PROJ AE7 TP 3
SUP ADD YCM28H SIG A

FOR GOVERNMENT USE ONLY: IPD 12

DIC A4A DIST 9C ADV FC KZ

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REMIT PAYMENT TO:

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