

# 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. <b>N00383-01-G-015N</b>		2. DELIVERY ORDER NO. <b>UZD9</b>		3. DATE OF ORDER (YYMMDD) <b>2004 JAN 08</b>		4. REQUISITION/PURCH REQUEST NO. <b>NPC03271001157</b>		5. PRIORITY <b>DOAI</b>			
6. ISSUED BY <b>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.Gray@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>			
9. CONTRACTOR  <b>SIKORSKY AIRCRAFT CORP 6900 MAIN ST STRATFORD CT 06615-9129</b>			CODE <b>78286</b>		FACILITY CODE <b>78286</b>		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) <b>448 DAYS ARO</b>		8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER <small>(See Schedule if other)</small>		
NAME AND ADDRESS							12. DISCOUNT TERMS <b>NET 30 days</b>		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED		
							13. MAIL INVOICES TO <b>See Block 15</b>				
14. SHIP TO <b>See Schedule - Do Not Ship to Address in Block 6</b>			CODE		15. PAYMENT WILL BE MADE BY <b>HQ0337</b>			CODE <b>HQ0337</b>		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	
					<b>HQ0337 DFAS COLUMBUS CENTER NORTH ENTITLEMENT OPERATIONS P O BOX 182266 COLUMBUS OH 43218-2266</b>					<b>EFT: T</b>	
16. TYPE OF ORDER		This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.									
DELIVERY <input checked="" type="checkbox"/>		Reference your <b>offer dated 2003 OCT 20, CQ4ET03</b> and furnish the following on terms specified herein.									
PURCHASE		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 <b>CG: 97X4930 SCC0 001 26.0 S33150 97X4930 SCC0 001 22.1 S33150 (TRANS)</b>											
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/SERVICE				20. QUANTITY ORDERED/ACCEPTED*		21. UNIT	22. UNIT PRICE		23. AMOUNT
		<b>Remarks: ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.</b>				<b>TOTAL: 2</b>					
* 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				BY: <i>Constance L Giggi</i>		25. TOTAL \$ <b>42890.52</b>	
				CONTRACTING/ORDERING OFFICER				29. DIFFERENCE		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		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR	
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____				<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL						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	
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:

N00383-01-G-015N-UZD9

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Manufacture Facilities:

78286

SIKORSKY AIRCRAFT CORP  
6900 MAIN ST  
STRATFORD CT 06615-9129

## SECTION B

PR NPC03271001157  
NSN 3040-01-345-1326

## ITEM DESCRIPTION:

CAM, CONTROL.

THIS IS A NAVY IDENTIFIED CRITICAL SAFETY ITEM  
(CSI)

ALL REQUESTS FOR WAIVERS OR DEVIATIONS MUST BE  
FORWARDED TO THE DSC CONTRACTING OFFICER FOR  
REVIEW AND APPROVAL.

ALL ITEMS OF SUPPLY SHALL BE MARKED IAW  
MIL-STD-129.

IN ADDITION EACH UNIT PACK WILL BE MARKED WITH  
LOT NUMBER (IF AVAILABLE), CONTRACTOR CAGE  
CODE, ACTUAL MANUFACTURERS CAGE CODE AND PART  
NUMBER.

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 61350-24072-041

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001	NPC03271001157	0001	2	EA	\$21445.26000	\$42890.52

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 = 41: CLNG/DRY = 1: PRESV MAT = XX:  
WRAP MAT = XX: CUSH/DUNN MAT = NA: CUSH/DUNN THKNESS = X:  
UNIT CONT = DO: OPI = O:  
INTRMDTE CONT = E5: INTRMDTE CONT QTY = AAA:  
PACK CODE = U:

CONTINUED ON NEXT PAGE

SECTION B

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  
SUPPLEMENTAL INSTRUCTIONS

'EACH UNIT PACKAGE WILL BE MARKED WITH THE NSN,  
CONTRACT NUMBER, LOT NUMBER, CONTRACTOR CAGE  
CODE, MANUFACTURER CAGE CODE, AND PART NUMBER'.

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: 2005 MAR 31

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

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REMIT PAYMENT TO:

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