

# 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>F34601-01-G-0004</b>		2. DELIVERY ORDER NO. <b>UB9B</b>		3. DATE OF ORDER (YYMMDD) <b>2003 SEP 08</b>		4. REQUISITION/PURCH REQUEST NO. <b>YPC03139000729</b>		5. PRIORITY <b>DOA1</b>	
6. ISSUED BY <b>Defense Supply Center Columbus 3990 E. Broad St. P.O. Box 16704 Columbus, OH 43216-5010 Local Administrator: PAABCAJ (614)692-7531 / FAX: (614)693-1679 E-mail: Cynthia.Farley-Fitzpatrick@dla.mil</b>				7. ADMINISTERED BY (If other than 6) <b>DCMC VAN NUYS 6230 VAN NUYS BLVD 818 267-2000 VAN NUYS CA 91401-2713</b>		8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER <small>(See Schedule if other)</small>			
9. CONTRACTOR <b>WHITTAKER CONTROLS INC. 12838 SATICOY STREET NORTH HOLLYWOOD CA 91605-3505</b>		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) <b>365 DAYS ARO</b>		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED		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>HQ0339 DFAS COLUMBUS CENTER WEST ENTITLEMENT OPERATIONS P O BOX 182381 COLUMBUS OH 43218-2381 EFT: T</b>		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER					

16. DELIVERY  This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.  
 TYPE OF ORDER PURCHASE Reference your **offer dated 2003 SEP 02, 7551 SQ** 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.

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  
97X4930 SCC0 001 22.1 S33150 (TRANS)**

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: 21</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>Norman E. Young</i>		25. TOTAL \$ <b>246666.00</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.		29. DIFFERENCE	
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____		28. D.O. VOUCHER NO.		30. INITIALS	
36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____		31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY	
37. RECEIVED AT		38. RECEIVED BY (Print)		33. AMOUNT VERIFIED CORRECT FOR	
39. DATE RECEIVED (YYMMDD)		40. TOTAL CONTAINERS		34. CHECK NUMBER	
41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.		35. BILL OF LADING NO.	

Packaging - Inspection and Acceptance Address:  
3L633

JAMAR PACKAGING INC  
24810 AVE TIBBETTS  
VALENCIA CA 91355

First Article Testing Requirement is waived for Whittaker

## SECTION B

PR YPC03139000729  
NSN 4810-00-734-9491

## ITEM DESCRIPTION:

VALVE, GATE

I-44 GOVERNMENT FIRST ARTICLE TEST IS REQUIRED.  
FIRST ARTICLE TEST TO BE PERFORMED TO ENSURE  
CONFORMANCE TO SUPPLEMENTAL QUALITY ASSURANCE  
PROVISION: SQAP-4810-A037.

CRITICAL APPLICATION ITEM

WHITTAKER CONTROLS INC. (79318) P/N 1520-277

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001	YPC03139000729	0001	21	EA	\$11746.00000	\$246666.00

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 = 00:  
WRAP MAT = XX: CUSH/DUNN MAT = NA: CUSH/DUNN THKNSS = X:  
UNIT CONT = EC: OPI = O:  
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 SEP 07

PARCEL POST ADDRESS:

CONTINUED ON NEXT PAGE

SECTION B

W62G2T  
XU DEF DIST DEPOT SAN JOAQUIN  
TRANSPORTATION OFFICER  
PO BOX 960001  
STOCKTON CA 95296-0130

FREIGHT SHIPPING ADDRESS:

W62G2T  
XU DEF DIST DEPOT SAN JOAQUIN  
25600 S CHRISMAN ROAD  
REC WHSE 10 PH 209 839 4307  
TRACY CA 95376-5000

NON-MILSTRIP  
PROJ

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<u>ITEM</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
9906 Government First Article Test (FAT) 3 120 DAYS		EA	WAIVED	

The quantity '1 TE' (test) signifies the test requirement. See clauses I44 and I44a for information concerning the FAT requirement. Offers that do not cite a price for LINE ITEM 9906 shall be evaluated under the assumption that there is no separate charge for the FAT. In the event the FAT requirement is waived, no award will be made for LINE ITEM 9906.

REMIT PAYMENT TO:

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