

**Boyles, Karen E (DSCC)**

---

**From:** FACSys Fax Connector (COL1SMX09) [FACSys Fax Connector@]  
**Sent:** Monday, December 15, 2003 8:45 AM  
**To:** Boyles, Karen E (DSCC)  
**Subject:** Delivered: ub9!

**Subject:** ub9!  
**Scheduled At:** Monday, December 15, 2003 8:43 AM  
**Serviced By:** FACSys server COL1SMF01

Sent successfully to \*73030 @ (7,860)6602497 on Monday, December 15, 2003 8:43:38 AM  
Pages:5. Connect time: 01:32. Re-dials: 0. Remote CSI:UNITED TECHNOLOGIES. Billing: .

# 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  
**4**

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>F34601-02-G-0004</b>		2. DELIVERY ORDER NO. <b>UB9L</b>		3. DATE OF ORDER (YYMMDD) <b>2003 DEC 09</b>		4. REQUISITION/PURCH REQUEST NO. <b>FPC03240000362</b>		5. PRIORITY <b>DOA1</b>	
6. ISSUED BY Defense Supply Center Columbus 3990 E. Broad St. P.O. Box 16704 Columbus, OH 43216-5010 Local Administrator: PAABCAC (614)692-7512 / FAX: (614)692-5269 E-mail: Dorinda.Conner@dla.mil				7. ADMINISTERED BY (If other than 6) <b>DCMA HAMILTON SUNSTRAND</b> 1 HAMILTON RD WINDSOR LOCKS CT 06096-0463 <b>CRITICALITY: C</b>		8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER <i>(See Schedule if other)</i>			
9. CONTRACTOR  NAME AND ADDRESS <b>HAMILTON SUNSTRAND CORPORATION</b> ONE HAMILTON ROAD WINDSOR LOCKS CT 06096-1010		CODE <b>73030</b>		FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) <b>175 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  See Schedule - Do Not Ship to Address in Block 6		CODE		15. PAYMENT WILL BE MADE BY <b>ATTN DFAS CO BVDPCC/CC CONSTRUCTIO</b> 3990 E BROAD ST PO BOX 182317 COLUMBUS OH 43218-6203 <b>EFT: T</b>		CODE <b>S33181</b>		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 <b>offer dated 2003 DEC 05, 172805-Q5</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.
	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 SCC0 001 26.0 S33150**

18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
	<b>Remarks:</b> <b>CONFIRMING ORDER – DO NOT DUPLICATE ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.</b>	<b>TOTAL:</b> <b>6</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>Karen Boyles</i> CONTRACTING/ORDERING OFFICER		25. TOTAL \$ <b>4004.40</b>	29. DIFFERENCE
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. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		28. D.O. VOUCHER NO.	
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____		31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY	
35. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____				30. INITIALS _____	
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		35. BILL OF LADING NO.	
		42. S/R VOUCHER NO.			

CONTINUATION SHEET

Order Number:

F34601-02-G-0004-UB9L

PAGE OF PAGES

2

4

Supplies and Packaging - Inspection and Acceptance Address:  
07148

DYNAMIC CONTROLS HS INC  
WINDSOR LOCKS CT 06096-1010

Admin Office for Supplies and Packaging:  
999999

INSPECTION AND ACCEPTANCE SHALL BE LOCATED AT FARMINGTON, CT.

QUANTITY VARIANCE SHALL BE LIMITED TO PLUS OR MINUS 10 PERCENT.

ALL TERMS AND CONDITIONS OF CITED BOA APPLY.

## SECTION B

PR FPC03240000362  
NSN 4810-01-141-5948

## ITEM DESCRIPTION:

HOUSING, BUTTERFLY VALVE.

CRITICAL APPLICATION ITEM

NO VENDOR DATA AVAILABLE (07148) P/N 32988

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001	FPC03240000362	0001	6	EA	\$667.40000	\$4004.40

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 = XX: CUSH/DUNN MAT = XX: CUSH/DUNN THKNSS = X:

UNIT CONT = E5: 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

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 JUN 01

PARCEL POST ADDRESS:

SW3211  
DEF DISTRIBUTION DEPOT OKLAHOMA  
CEN REC 3301 F AVE BLDG 506 DR 22  
TINKER AFB OK 73145-8000

CONTINUED ON NEXT PAGE

SECTION B

FREIGHT SHIPPING ADDRESS:

SW3211  
DEF DISTRIBUTION DEPOT OKLAHOMA  
CENTRAL REC 3301 F AVE BLDG 506  
TINKER AFB OK 73145-8000

NON-MILSTRIP  
PROJ NS1

\*\*\*\*\*

REMIT PAYMENT TO:

\*\*\*\*\*