

# 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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**5**

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>F42630-02-D-0011</b>		2. DELIVERY ORDER NO. <b>UB18</b>		3. DATE OF ORDER (YYMMDD) <b>2004 SEP 10</b>		4. REQUISITION/PURCH REQUEST NO. <b>YPC04243000880</b>		5. PRIORITY <b>DOA1</b>			
6. ISSUED BY <b>Defense Supply Center Columbus P.O. Box 3990 Columbus, OH 43218-3990 Local Administrator: PAABB0R (614)692-7512 / FAX: (614)693-1679 E-mail: Michael.Bryan@dla.mil</b>			CODE <b>SP0700</b>		7. ADMINISTERED BY (If other than 6) <b>DCMA CLEVELAND ADMIRAL KIDD CENTER 555 EAST 88TH STREET BRATENAH OHIO 44108-1068</b>			CODE <b>S3603A</b>		8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER <i>(See Schedule if other)</i>	
9. CONTRACTOR <b>GOODRICH CORP 8000 MARBLE AVE CLEVELAND OH 44105-2060</b>			CODE <b>13002</b>		FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) <b>196 DAYS ARO</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>			CODE		15. PAYMENT WILL BE MADE BY <b>HQ0337 DFAS COLUMBUS CENTER NORTH ENTITLEMENT OPERATIONS P O BOX 182266 COLUMBUS OH 43218-2266</b>			CODE <b>HQ0337</b>		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	
EFT: T											
16. TYPE OF ORDER	DELIVERY <input checked="" type="checkbox"/>	PURCHASE <input 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 _____ 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)		
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		
	<b>Remarks: ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.</b>				<b>TOTAL: 75</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>BWSTU</i>			CONTRACTING/ORDERING OFFICER			25. TOTAL \$ <b>14175.00</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.		28. D.O. VOUCHER NO.		30. INITIALS		33. AMOUNT VERIFIED CORRECT FOR		
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____			<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		34. CHECK NUMBER				
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		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.			

Packaging - Inspection and Acceptance Address:  
22931

FOREST CITY COMPANIES INC.  
3607 WEST 56TH ST.  
CLEVELAND OH 44102-5739

Reference Goodrich CLIN #0018FM from the basic.

## SECTION B

PR YPC04243000880  
NSN 3040-01-383-5333

## ITEM DESCRIPTION:

CAM, CONTROL

CRITICAL APPLICATION ITEM

GOODRICH CORP

(13002) P/N 1168845-3

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001	YPC04243000880	0001	35	EA	\$189.00000	\$6615.00

QTY VARIANCE: PLUS 10% MINUS 10%  
INSPECTION POINT: ORIGIN  
ACCEPTANCE POINT: ORIGIN

PREP FOR DELIVERY

PKGING DATA - MIL-STD-2073-1D, 15 DEC 1999

QUP = 001: PRES MTHD = 20: CLNG/DRY = 1: PRESV MAT = 49:  
WRAP MAT = XX: CUSH/DUNN MAT = XX: CUSH/DUNN THKNSS = X:  
UNIT CONT = D4: 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

For all shipments of packaged materiel to the government, which includes either depot (DLA-direct) or DVD (customer-direct) shipments, both DoD linear and 2-D bar code markings are required on military shipping labels in accordance with MIL-STD-129, revision P, dated December 15, 2002. 2-D bar coding shall be in accordance with ISO/IEC 15438, ISO/IEC 15434 (ANSI MH10.8:3) and DoD 4500.9-R. MSL linear (code 3 of 9 or code 39) bar coding shall be in accordance with ISO/IEC 16388. MSL label stock quality shall meet MIL-PRF-61002. MSL bar code print quality shall meet ANSI MH10.8-2000 or ANSI X3.182-1990 (R2000) for applicable 2-D and/or linear bar

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SECTION B

codes. All DVD shipments shall meet additional linear bar coding requirements in DLAD 52.211-9008. When the contract/order omits any data element required to be bar-coded, the field shall be zero-filled. These requirements do not apply to delivery orders when the basic contract has not been modified to require MIL-STD-129P. If there are inconsistencies between the schedule and MIL-STD-129P, the schedule takes precedence.

DELIVER FOB: ORIGIN BY: 2005 MAR 25

PARCEL POST ADDRESS:

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 95304-5000

NON-MILSTRIP
PROJ

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Table with columns: ITEM, PR, PRLI, QUANTITY, UNIT, UNIT PRICE, AMOUNT. Row 1: 0002, YPC04243000880, 0002, 40, EA, \$189.00000, \$7560.00

QTY VARIANCE: PLUS 10% MINUS 10%
INSPECTION POINT: ORIGIN
ACCEPTANCE POINT: ORIGIN

PREP FOR DELIVERY

PKGING DATA - MIL-STD-2073-1D, 15 DEC 1999
MIL-STD-2073 PACKAGING DATA SAME AS PRIOR LINE

CONTINUED ON NEXT PAGE

SECTION B

DELIVER FOB: ORIGIN BY: 2005 MAR 25

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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