

# 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.<br><b>F34601-02-G-0004</b>  |  | 2. DELIVERY ORDER NO.<br><b>UB7Q</b> |  | 3. DATE OF ORDER (YYMMDD)<br><b>2003 DEC 11</b>  |  | 4. REQUISITION/PURCH REQUEST NO.<br><b>FPC03271000766</b>          |  | 5. PRIORITY<br><b>DOA1</b>  |  |
| 6. ISSUED BY<br>CODE <b>SP0700</b><br><b>Defense Supply Center Columbus<br/>3990 E. Broad St.<br/>P.O. Box 16704<br/>Columbus, OH 43216-5010<br/>Local Administrator: PAABCAC (614)692-7512 / FAX: (614)692-5269<br/>E-mail: Dorinda.Conner@dla.mil</b> |  |                                      |  | 7. ADMINISTERED BY (If other than 6) CODE <b>S0703A</b><br><b>DCMA HAMILTON SUNSTRAND<br/>1 HAMILTON RD<br/>WINDSOR LOCKS CT 06096-0463<br/>CRITICALITY: B</b>                 |  |  |  | 8. DELIVERY FOB<br><input type="checkbox"/> DEST<br><input checked="" type="checkbox"/> OTHER<br><i>(See Schedule if other)</i>                   |  |
| 9. CONTRACTOR CODE <b>73030</b><br><b>HAMILTON SUNSTRAND CORPORATION<br/>ONE HAMILTON ROAD<br/>WINDSOR LOCKS CT 06096-1010</b>  |  |                                      |  | FACILITY CODE <b>99167</b>   |  | 10. DELIVER TO FOB POINT BY (Date) (YYMMDD)<br><b>210 DAYS ARO</b> |  | 11. MARK IF BUSINESS IS<br><input type="checkbox"/> SMALL<br><input type="checkbox"/> SMALL DISADVANTAGED<br><input type="checkbox"/> WOMEN-OWNED |  |
| NAME AND ADDRESS  |  |                                      |  | 12. DISCOUNT TERMS<br><b>NET 30 days</b>   |  | 13. MAIL INVOICES TO<br><b>See Block 15</b>                        |  |   |  |
| 14. SHIP TO CODE<br><b>See Schedule - Do Not Ship to Address in Block 6</b>   |  |                                      |  | 15. PAYMENT WILL BE MADE BY CODE <b>HQ0337</b><br><b>HQ0337 DFAS COLUMBUS CENTER<br/>NORTH ENTITLEMENT OPERATIONS<br/>P O BOX 182266<br/>COLUMBUS OH 43218-2266<br/>EFT: T</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.<br>Reference your <b>offer dated 2003 DEC 10, 173487-Q5 dtd 12/10/03</b> and furnish the following on terms specified herein.<br><b>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.</b> |
|                   | 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 |
|--------------|---|--------------------------------|----------|----------------|------------|
|              | <b>Remarks:<br/>CONFIRMING ORDER -- DO NOT DUPLICATE<br/>ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.</b> | <b>TOTAL:<br/>24</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 <b>Terri Nunn</b> PAAACB8   |                      | 25. TOTAL \$ <b>42384.00</b>    |                     |
| BY:    |                         | TRACTING/ORDERING OFFICER  |                      | 29. DIFFERENCE                  |                     |
| 26. QUANTITY IN COLUMN 20 HAS BEEN<br><input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED |                         | 32. PAID BY  |                      | 30. INITIALS                    |                     |
| DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____   |                         | <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL  |                      | 33. AMOUNT VERIFIED CORRECT FOR |                     |
| 36. I certify this account is correct and proper for payment.  |                         | 31. PAYMENT<br><input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL |                      | 34. CHECK NUMBER                |                     |
| DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____   |                         |  |                      | 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. |

## Manufacture Facilities:

99167

HAMILTON SUNDSTRAND CORPORATION  
DBA HAMILTON SUNDSTRAND AEROSPACE  
4747 HARRISON AVE.  
ROCKFORD IL 61125-7002

THIS DELIVERY ORDER WAS PLACED AGAINST BASIC BOA  
F34601-02-G-0004 EFFECTIVE 29 JUN 2002 THROUGH  
28 JUN 2005.

INSPECTION, ACCEPTANCE, AND FOB POINTS FOR THE SUBJECT  
ORDER WILL BE HAMILTON SUNDSTRAND , ROCKFORD, IL  
CAGE 99167.

## SECTION B

PR FPC03271000766  
 NSN 3040-01-247-6055

## ITEM DESCRIPTION:

SWASHPLATE, CONTROLLABLE  
 AMS 6444, 100 PCT SPHERODIZE ANNEALED. USED ON  
 THE F-15E AIRCRAFT.

CRITICAL APPLICATION ITEM

HAMILTON SUNDSTRAND CORPORATION (99167) P/N 733758

| <u>ITEM</u> | <u>PR</u>      | <u>PRLI</u> | <u>QUANTITY</u> | <u>UNIT</u> | <u>UNIT PRICE</u> | <u>AMOUNT</u> |
|-------------|----------------|-------------|-----------------|-------------|-------------------|---------------|
| 0001        | FPC03271000766 | 0001        | 24              | EA          | \$1766.00000      | \$42384.00    |

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 = XX:  
 WRAP MAT = XX: CUSH/DUNN MAT = XX: CUSH/DUNN THKNESS = X:  
 UNIT CONT = E5: OPI = O:  
 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 JUL 08

PARCEL POST ADDRESS:

CONTINUED ON NEXT PAGE

SECTION B

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

FREIGHT SHIPPING ADDRESS:

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

NON-MILSTRIP  
PROJ

\* \* \* \* \*

REMIT PAYMENT TO:

\* \* \* \* \*