

# 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>UZ9L</b>		3. DATE OF ORDER (YYMMDD) <b>2003 DEC 11</b>		4. REQUISITION/PURCH REQUEST NO. <b>YPC03322000333</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: PAABCAB (614)692-3799 / FAX: (614)692-1238 E-mail: Myrtice.Gray@dta.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		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) <b>233 DAYS ARO</b>		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED	
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> <b>HQ0337 DFAS COLUMBUS CENTER NORTH ENTITLEMENT OPERATIONS P O BOX 182266 COLUMBUS OH 43218-2266</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 09, SPQS</b> and furnish the following on terms specified herein. <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	<input type="checkbox"/>	

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: ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.</b>	<b>TOTAL: 7</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:		25. TOTAL \$ <b>1977.64</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. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		29. DIFFERENCE	
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____		31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		30. INITIALS	
36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____		28. D.O. VOUCHER NO.		32. AMOUNT VERIFIED CORRECT FOR	
37. RECEIVED AT		38. RECEIVED BY (Print)		34. CHECK NUMBER	
39. DATE RECEIVED (YYMMDD)		40. TOTAL CONTAINERS		35. BILL OF LADING NO.	
		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.	

## SECTION B

PR YPC03322000333  
NSN 4710-01-162-5210

## ITEM DESCRIPTION:

TUBE ASSEMBLY, METAL, ALUM-ALLOY 6061-0,  
2.00 IN. OD., 0.049 IN. WALL THK., PREBENT,  
WITH WELDED ATTACHED FLANGE FITTING.  
END ITEM: UH-60 HELICOPTER FUEL DUMP SYS.

IF AQLS ARE LISTED IN THE SPECIFICATION(S)  
OR DRAWING(S) THEY MAY BE USED TO ESTABLISH THE  
AUTHORIZED SAMPLE SIZE, HOWEVER, THE ACCEPTANCE  
NUMBER FOR THIS CONTRACT IS ZERO; I.E., THIS  
CONTRACT REQUIRES A SAMPLING PLAN THAT ACCEPTS  
ON ZERO DEFECTS AND REJECTS ON ONE OR MORE  
DEFECT(S).

"CLASS I OZONE DEPLETING CHEMICALS ARE NOT TO BE  
USED NOR INCORPORATED IN ANY ITEMS TO BE  
DELIVERED UNDER THIS CONTRACT. THIS PROHIBITION  
SUPERSEDES ALL SPECIFICATION REQUIREMENTS BUT  
DOES NOT ALLEVIATE ANY PRODUCT REQUIREMENTS.  
SUBSTITUTE CHEMICALS MUST BE SUBMITTED FOR  
APPROVAL UNLESS THEY ARE AUTHORIZED BY THE  
SPECIFICATION REQUIREMENTS."

"ASO/NAVSEA/AVSCOM CRITICAL ITEM"

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

I/A/W DRAWING NR 78286 70307-23600  
BASIC DTD 78 JUL 22  
AMEND NR L DTD 87 MAY 01  
TYPE NUMBER: P/N 70307-23600-042  
"DETAILED DRAWING (ONE ITEM)"

I/A/W DRAWING NR 78286 70307-23600  
REFNO DTD 81 FEB 26  
AMEND NR V DTD 95 APR 20  
TYPE NUMBER:  
PARTS LIST

CONTINUED ON NEXT PAGE

## CONTINUATION SHEET

Order Number:

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## SECTION B

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
2001	YPC03322000333	0001	7	EA	\$282.52000	\$1977.64

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 = AE: CLNG/DRY = 1: PRESV MAT = 00:

WRAP MAT = 00: CUSH/DUNN MAT = 00: CUSH/DUNN THKNSS = 0:

UNIT CONT = 00: OPI = 0:

INTRMDTE CONT = ED: 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 JUL 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

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SECTION B

NON-MILSTRIP  
PROJ NS1

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REMIT PAYMENT TO:

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