

# 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>FA8104-04-G-0001</b>		2. DELIVERY ORDER NO. <b>UB21</b>		3. DATE OF ORDER (YYMMDD) <b>2004 AUG 12</b>		4. REQUISITION/PURCH REQUEST NO. <b>YPC04219000692</b>		5. PRIORITY <b>DOC9</b>			
6. ISSUED BY <b>Defense Supply Center Columbus P.O. Box 3990 Columbus, OH 43218-3990 Local Administrator: PNNNAKB (614)692-7525 / FAX: (614)692-6906 E-mail: Merlinda.Truitt@dla.mil</b>			CODE <b>SP0700</b>		7. ADMINISTERED BY (If other than 6) <b>DCMA GE AIRCRAFT ENGINES CINCINNATI 1 NEUMANN WAY MAIL DROP N-1 CINCINNATI OH 45215-6303</b>			CODE <b>S3619A</b>		8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER <i>(See Schedule if other)</i>	
9. CONTRACTOR <b>CFM INTERNATIONAL 111 MERCHANT STREET MAIL DROP Y7 CINCINNATI OH 45246-3792</b>			CODE <b>58828</b>		FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) <b>30 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. DELIVERY TYPE OF ORDER		<input checked="" type="checkbox"/> PURCHASE		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>9375M90G14FB4600</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.									

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: ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.</b>	<b>TOTAL: 2</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>Merlinda A. Truitt</i> 8/9/04 CONTRACTING/ORDERING OFFICER		25. TOTAL \$ <b>25789.00</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.		28. D.O. VOUCHER NO.	
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____		<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY	
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		33. 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 YPC04219000692

CAGE/PN 58828 9375M90G14

CAGE SDC NAME - ADDRESS  
58828 A 111 MERCHANT STREET MAIL DROP Y7  
CINCINNATI OH 45246-3792

ITEM DESCRIPTION:

<u>ITEM</u>	<u>PR</u>	<u>PRI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001	YPC04219000692	0001	1	EA	\$12894.50000	\$12894.50

QTY VARIANCE: PLUS 0% MINUS 0%  
INSPECTION POINT: ORIGIN  
ACCEPTANCE POINT: ORIGIN

EXCEPTION DATA:

B-1. SCHEDULE  
ITEM SUPPLIES/SERVICES  
NO.

-----  
0000 NSN 5882-89-375-M90G

CAGE:58828  
NOUN: MANIFOLD  
PART NUMBER: 9375M90G14

\*

PREP FOR DELIVERY

COMMERCIAL PRACTICE PPP WITH MIL-STD-129 MARKING.

DELIVERY FOB: ORIGIN BY: 2004 SEP 11

PARCEL POST ADDRESS:

CONTINUED ON NEXT PAGE

SECTION B

FB4600  
FB4600 55 SUPS LGSCDR  
BLDG D ENT 8 CML PHN 402 294 5017  
106 PEACEKEEPER DR  
OFFUTT AFB NE 68113-4038

FREIGHT SHIPPING ADDRESS:

CONTACT TRANS OFF AT ADMIN OFF PRIOR TO SHIPMENT

M/F: (TCN) FB460042179002 XXX  
RDD N /NMCS CONTACT TRANS OFFICE AT ADMIN OFFICE PRIOR TO SHIPMENT  
PROJ TP 1  
SUP ADD Y5931F SIG A

ADDED MARKING FOR FREIGHT SHIPPING ADDRESS:

FB4600

FOR GOVERNMENT USE ONLY: IPD 02

DIC A05 DIST 01 ADV FC 6C

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PR YPC04219000692

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0002	YPC04219000692	0002	1	EA	\$12894.50000	\$12894.50

QTY VARIANCE: PLUS 0% MINUS 0%  
INSPECTION POINT: ORIGIN  
ACCEPTANCE POINT: ORIGIN

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CONTINUED ON NEXT PAGE

SECTION B

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NO.

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CAGE: 58828  
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BLDG D ENT 8 CML PHN 402 294 5017  
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OFFUTT AFB NE 68113-4038

FREIGHT SHIPPING ADDRESS:

CONTACT TRANS OFF AT ADMIN OFF PRIOR TO SHIPMENT

M/F: (TCN) FB460042179001 XXX  
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PROJ TP 1  
SUP ADD Y5931F SIG A

ADDED MARKING FOR FREIGHT SHIPPING ADDRESS:

FB4600

FOR GOVERNMENT USE ONLY: IPD 02

DIC A05 DIST 01 ADV FC 6C

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CONTINUED ON NEXT PAGE

SECTION B

REMIT PAYMENT TO:

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CONTINUATION SHEET

Order Number:

FA8104-04-G-0001-UB21

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SHIPPING ADDRESS FOR CONTRACT FA8104-04-G-0001/UB21

55 MXS/MXMBS  
602 LOOKING GLASS AVENUE  
SUITE 925  
OFFUTT AFB, NE 68113

POC: DAVE RATZ (402) 294-3856