

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. N00383-01-G-015N		2. DELIVERY ORDER NO. UZC1		3. DATE OF ORDER (YYMMDD) 2003 DEC 12		4. REQUISITION/PURCH REQUEST NO. YPC03323000773		5. PRIORITY DOC9		
6. ISSUED BY Defense Supply Center Columbus 3990 E. Broad St. P.O. Box 16704 Columbus, OH 43216-5010 Local Administrator: PNNANQ (614)692-7520 / FAX: (614)692-6906 E-mail: Cynthia.Bartholemew@dla.mil			CODE SP0700		7. ADMINISTERED BY (if other than 6) DCMA SIKORSKY AIRCRAFT 6900 MAIN ST PO BOX 9731 STRATFORD, CT 06615-9131			CODE S0707A		8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER <small>(See Schedule if other)</small>
9. CONTRACTOR SIKORSKY AIRCRAFT CORP 6900 MAIN ST STRATFORD CT 06615-9129			CODE 78286		FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) 10 DAYS ADO		11. MARK IF BUSINESS <input type="checkbox"/> JS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED	
NAME AND ADDRESS			12. DISCOUNT TERMS NET 30 days		13. MAIL INVOICES TO See Block 15					
14. SHIP TO See Schedule - Do Not Ship to Address in Block 6			CODE		15. PAYMENT WILL BE MADE BY HQ0337			CODE HQ0337		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER
					HQ0337 DFAS COLUMBUS CENTER NORTH ENTITLEMENT OPERATIONS P O BOX 182266 COLUMBUS OH 43218-2266					EFT: T

16. 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.								
PURCHASE		Reference your offer dated 2003 NOV 21, Mr. Steve Kelly and furnish the following on terms specified herein.								
TYPE OF ORDER		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 5CC0 001 26.0 S33150

18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
	Remarks: CONFIRMING ORDER – DO NOT DUPLICATE ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.	TOTAL: 1			

* 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		25. TOTAL \$ 48.26	
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT RECEIPT ANNOTED		27. SHIP NO.		28. D.O. VOUCHER NO.	
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____		<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		29. DIFFERENCE	
36. I certify this account is correct and proper for payment.		31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		30. INITIALS	
DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____		32. PAID BY		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 YPC03323000773

CAGE/PN 78286 7021903013

CAGE SDC NAME - ADDRESS
 78286 A 6900 MAIN ST
 STRATFORD CT 06615-9129
 203-383-7833

ITEM DESCRIPTION:

ITEM	PR	PRLI	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001	YPC03323000773	0001	1	EA	\$48.26000	\$48.26

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

EXCEPTION DATA:

NOTE: 12/10/03

SIKORSKY AIRCRAFT CORP REFERENCE QUOTE NUBMER: AQ 4ZX 2003 DA

SIKORSKY AIRCRAFT CORP DATE OF QUOTE: 21 NOVEMBER 2003

P/N: 70219-03013-124

ITEM: ANGLE

DESCR: ANGLE STRUCTURAL R/H

E/I: HELICOPTER 1520 01 035 0266

MODEL: UH-60

SERIES: A

SERIAL NUMBER: 81-23592

COMPANY: SIKORSKY AIRCRAFT CORP

POC: MR. STEVE KELLY

PHONE: 1 203 386 7447

FAX: 1 203 386 7928

EMAIL: SKelly@SIKORSKY.com

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SECTION B

NOTE 2:

SIKORSKY AIRCRAFT CORP IS AUTHORIZED TO SHIP LESS NSN,
IF ONE HAS NOT BEEN ASSIGNED.

PREP FOR DELIVERY

COMMERCIAL PRACTICE PPP WITH MIL-STD-129 MARKING.

DELIVERY FOB: ORIGIN BY: 2003 DEC 22

PARCEL POST ADDRESS:

W25N14
XU CONSOL AND CONTAINERIZATION PT
DDSP NEW CUMBERLAND FACILITY
BLDG 2001 CCP DOOR 135 THRU 168
NEW CUMBERLAND PA 17070-5001

FREIGHT SHIPPING ADDRESS:

CONTACT TRANS OFF AT ADMIN OFF PRIOR TO SHIPMENT

M/F: (TCN) WK4SRM33186601 XXX
RDD 999/NMCS CONTACT TRANS OFFICE AT ADMIN OFFICE PRIOR TO SHIPMENT
PROJ TP 1
SUP ADD WK4GFY SIG L

FOR DOCUMENT DISTRIBUTION ONLY:

WK4GFY
SR 0000 TC HHC 02 AUG
UNIT 29719
AWCF SSF
APO AE 09028

FOR GOVERNMENT USE ONLY: IPD 02

DIC A05 DIST Q ADV 2A FC UB

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SECTION B

REMIT PAYMENT TO:
