

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. DAAH23-99-G-0014		2. DELIVERY ORDER NO. UBT3		3. DATE OF ORDER (YYMMDD) 2004 MAR 12		4. REQUISITION/PURCH REQUEST NO. YPC04040001374		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 PHOENIX 2 RENAISSANCE SQUARE 40 N CENTRAL AVE SUITE 400 PHOENIX, AZ 85004-4400 CRITICALITY: B			CODE S0302A		8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER <i>(See Schedule if other)</i>		
9. CONTRACTOR NAME AND ADDRESS MCDONNELL DOUGLAS HELICOPTER COMPAN 5000 E. MCDOWELL ROAD MESA AZ 85215-9797			CODE 8V613	FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) 60 DAYS ADO		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED			
14. SHIP TO See Schedule - Do Not Ship to Address in Block 6			CODE	15. PAYMENT WILL BE MADE BY HQ0339 DFAS COLUMBUS CENTER WEST ENTITLEMENT OPERATIONS P O BOX 182381 COLUMBUS OH 43218-2381 EFT: T			CODE HQ0339		13. MAIL INVOICES TO See Block 15		

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 offer dated 2004 MAR 05, Ms. Nanette C. Molina 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.
	PURCHASE	<input type="checkbox"/>	

NAME OF CONTRACTOR <input type="checkbox"/> If this box is marked, supplier must sign: Acceptance and return the following number of copies:	SIGNATURE	TYPED NAME AND TITLE	DATE SIGNED (YYMMDD)
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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: 10			

* 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: 3/10/04 CONTRACTING/ORDERING OFFICER		25. TOTAL \$ 12.30
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		28. D.O VOUCHER NO.
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____		31. PAYMENT <input type="checkbox"/> COMPLETE <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 _____		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 YPC04040001374

CAGE/PN 02731 HS4726-2

CAGE SDC NAME - ADDRESS
 02731 A 5000 E MCDOWELL RD M/S MS10-A386
 MESA AZ 85215-9797

ITEM DESCRIPTION:

ITEM	PR	PRLI	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001	YPC04040001374	0001	10	EA	\$1.23000	\$12.30

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

EXCEPTION DATA:

NOTE: 3/10/04

THE BOEING COMPANY REFERENCE QUOTE NO:#04-DH-E140-04135/AOG04032#

THE BOEING COMPANY DATE OF QUOTE: MARCH 5, 2004
-----P/N: HS4726-2
-----ITEM: PLATE, ID
-----E/I: TAIL ROTOR HUBS & FORK
-----MAKE: LONGBOW
-----MODEL NUMBER: AH-64D
-----SERIAL NUMBER: 9905108

COMPANY: THE BOEING COMPANY
 POC: MS. NANETTE C. MOLINA
 CONTRACTS AND PRICING ADMINSTRATOR
 AEROSPACE SUPPORT CONTRACTS AND PRICING
 THE BOEING COMPANY (MESA)
 E140, MC M543-D218
 PHONE: 1 480 891 7542
 FAX: 1 480 891 3623
 EMAIL: nanette.c.molina@boeing.com

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SECTION B

NOTE 2:

THE BOEING COMPANY IS AUTHORIZED TO SHIP LESS NATIONAL STOCK NUMBER
(NSN) IF ONE HAS NOT BEEN ASSIGNED.

PREP FOR DELIVERY

COMMERCIAL PRACTICE PPP WITH MIL-STD-129 MARKING.

DELIVERY FOB: ORIGIN BY: 2004 MAY 11

PARCEL POST ADDRESS:

W81CL8
SR W0VC MAINT DIV PB CONT
HOOD ARMY AIRFIELD
BLDG 745 COBRA LOOP
FORT HOOD TX 76544-5060

FREIGHT SHIPPING ADDRESS:

CONTACT TRANS OFF AT ADMIN OFF PRIOR TO SHIPMENT

M/F: (TCN) W81G0340370902 XXX
RDD N01/NMCS CONTACT TRANS OFFICE AT ADMIN OFFICE PRIOR TO SHIPMENT
PROJ FD5 TP 1
SUP ADD W81CL8 SIG K

ADDED MARKING FOR FREIGHT SHIPPING ADDRESS:

W81CL8

FOR GOVERNMENT USE ONLY: IPD 02

DIC A05 DIST RHB ADV FC FG

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SECTION B

REMIT PAYMENT TO:
