

# ORDER FOR SUPPLIES OR SERVICES

(Contractor must submit four copies of invoice.)

Form Approved  
OMB No. 0704-0187  
Expires Jun 30, 1997

PAGE 1 OF  
**3**

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-004H</b>		2. DELIVERY ORDER NO. <b>UBE5</b>		3. DATE OF ORDER (YYMMDD) <b>2003 NOV 12</b>		4. REQUISITION/PURCH REQUEST NO. <b>YPC03288000488</b>		5. PRIORITY <b>DOC9</b>																																																		
6. ISSUED BY <b>Defense Supply Center Columbus 3990 E. Broad St. P.O. Box 16704 Columbus, OH 43216-5010 Local Administrator: PAABCAC (614)692-7512 / FAX: (614)692-5269 E-mail: Dorinda.Conner@dla.mil</b>			CODE <b>SP0700</b>	7. ADMINISTERED BY (If other than 6) <b>DCMC BOEING ST LOUIS M/C 3061355 PO BOX 516 ST LOUIS MO 63166-0516</b>			CODE <b>S2606A</b>		8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER <small>(See Schedule if other)</small>																																																	
9. CONTRACTOR <b>MCDONNELL DOUGLAS CORP SUB OF BOEING CO THE J S MCDONNELL BLVD P.O. BOX 516 SAINT LOUIS MO 63166-0516 Vendor's Copy was sent EDI. Do not Duplicate shipment.</b>		CODE <b>76301</b>		FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) <b>474 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>HQ0339 DFAS COLUMBUS CENTER WEST ENTITLEMENT OPERATIONS P O BOX 182381 COLUMBUS OH 43218-2381</b>			CODE <b>HQ0339</b>		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER																																																	
16. DELIVERY TYPE OF ORDER <input checked="" type="checkbox"/> DELIVERY <input 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>offer dated 2003 NOV 03, DSCC-016-12737</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>																																																										
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE <b>CG: 97X4930 5CC0 001 26.0 S33150</b>																																																										
18. ITEM NO.      19. SCHEDULE OF SUPPLIES/SERVICE      20. QUANTITY ORDERED/ACCEPTED*      21. UNIT      22. UNIT PRICE      23. AMOUNT																																																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">                 * 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.             </td> <td colspan="4">                 24. UNITED STATES OF AMERICA                  BY: <i>Joan R. Jackson</i> CONTRACTING/ORDERING OFFICER             </td> <td colspan="2">                 25. TOTAL \$ <b>5879.56</b> </td> </tr> <tr> <td colspan="2">                 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             </td> <td colspan="2">                 27. SHIP. NO.  <input type="checkbox"/> PARTIAL  <input type="checkbox"/> FINAL             </td> <td colspan="2">                 28. D.O. VOUCHER NO.                  32. PAID BY             </td> <td colspan="2">                 29. DIFFERENCE             </td> </tr> <tr> <td colspan="2">                 DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE             </td> <td colspan="2">                 31. PAYMENT  <input type="checkbox"/> COMPLETE  <input type="checkbox"/> PARTIAL  <input type="checkbox"/> FINAL             </td> <td colspan="2">                 33. AMOUNT VERIFIED CORRECT FOR             </td> <td colspan="2">                 30. INITIALS             </td> </tr> <tr> <td colspan="2">                 36. I certify this account is correct and proper for payment.                  DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER             </td> <td colspan="2">                 37. RECEIVED AT             </td> <td colspan="2">                 38. RECEIVED BY (Print)             </td> <td colspan="2">                 34. CHECK NUMBER             </td> </tr> <tr> <td colspan="2">                 39. DATE RECEIVED (YYMMDD)             </td> <td colspan="2">                 40. TOTAL CONTAINERS             </td> <td colspan="2">                 41. S/R ACCOUNT NUMBER             </td> <td colspan="2">                 35. BILL OF LADING NO.             </td> </tr> <tr> <td colspan="2">                 42. S/R VOUCHER NO.             </td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> </table>											* 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>Joan R. Jackson</i> CONTRACTING/ORDERING OFFICER				25. TOTAL \$ <b>5879.56</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		28. D.O. VOUCHER NO. 32. PAID BY		29. DIFFERENCE		DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE		31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		33. AMOUNT VERIFIED CORRECT FOR		30. INITIALS		36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER		37. RECEIVED AT		38. RECEIVED BY (Print)		34. CHECK NUMBER		39. DATE RECEIVED (YYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER		35. BILL OF LADING NO.		42. S/R VOUCHER NO.							
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## SECTION B

PR YPC03288000488  
 NSN 3040-01-505-8464

## ITEM DESCRIPTION:

CONNECTING LINK, RIGID  
 PERFEKTA INC (1CN99) P/N 74A672428-2001  
 MCDONNELL DOUGLAS CORP (76301) P/N 74A672428-2001

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001	YPC03288000488	0001	2	EA	\$2939.78000	\$5879.56

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

PREP FOR DELIVERY

PKGING DATA - QUP 001:  
 SHALL BE PACKAGED STANDARD COMMERCIAL IN ACCORDANCE WITH ASTM D 3951.

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: 2005 FEB 28

## PARCEL POST ADDRESS:

N57025  
 COMMANDER NAVAL AIR FORCE PAC FLEET  
 NAVAL AIR STATION NORTH ISLAND  
 P O BOX 357051  
 SAN DIEGO CA 92135-7051

## FREIGHT SHIPPING ADDRESS:

N57025  
 DEFENSE DISTRIBUTION DEPO SAN DIEGO  
 RECEIVING OFFICER COM 619 556 7878  
 BLDG 3304 NAVAL STATION FACILITY  
 SAN DIEGO CA 92136-5491

CONTINUED ON NEXT PAGE

**SECTION B**

M/F: (TCN) R033683281G704 XXX  
RDD 999/NMCS SHIP BY FASTEST TRACEABLE MEANS  
PROJ 9GJ TP 1  
SUP ADD N57025 SIG J

FOR GOVERNMENT USE ONLY: IPD 02

DIC A0A DIST 9C ADV FC 7L

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REMIT PAYMENT TO:

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