

# ORDER FOR SUPPLIES OR SERVICES

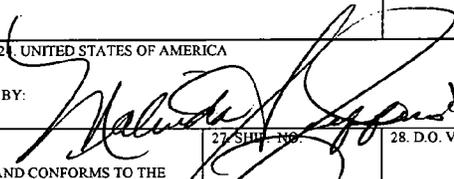
(Contractor must submit four copies of invoice.)

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>SP0400-00-D-9403</b>		2. DELIVERY ORDER NO. <b>UB3Z</b>		3. DATE OF ORDER (YYMMDD) <b>2003 NOV 12</b>		4. REQUISITION/PURCH REQUEST NO. <b>YPC03309001101</b>		5. PRIORITY <b>DOA1</b>			
6. ISSUED BY 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			CODE <b>SP0700</b>		7. ADMINISTERED BY (If other than 6) DCMA PHILADELPHIA P O BOX 11427 (215) 737-3402 PHILADELPHIA PA 19111-0427			CODE <b>S3915A</b>		8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER (See Schedule if other)	
9. CONTRACTOR  NAME AND ADDRESS  <b>GE STRUCTURED SERVICES L.P. SUB. OF GENERAL ELECTRIC CO. 14000 HORIZON WAY MOUNT LAUREL NJ 08054-4304</b>			CODE <b>03350</b>		FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) <b>293 DAYS ARO</b>		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED		
							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</b> HQ0337 DFAS COLUMBUS CENTER NORTH ENTITLEMENT OPERATIONS P O BOX 182266 COLUMBUS OH 43218-2266 <b>EFT: T</b>			CODE		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	
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. Reference your _____ 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.											
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											
Remarks: <b>ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.</b>											
24. UNITED STATES OF AMERICA											
BY:  CONTRACTING/ORDERING OFFICER											
25. TOTAL \$ <b>4945.00</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.											
29. DIFFERENCE											
30. INITIALS											
31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL											
32. PAID BY											
33. AMOUNT VERIFIED CORRECT FOR											
34. CHECK NUMBER											
35. BILL OF LADING NO.											
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)											
39. DATE RECEIVED (YYMMDD)											
40. TOTAL CONTAINERS											
41. S/R ACCOUNT NUMBER											
42. S/R VOUCHER NO.											

CONTINUATION SHEET

Order Number:

SP0400-00-D-9403-UB3Z

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ALL APPLICABLE TERMS AND CONDITIONS OF LTC SP0400-00-D-9403 APPLY AND TAKE PRECEDENCE OVER ANY CONFLICTING TERMS CONTAINED IN THIS ORDER.

ENGINE LINE FOR THIS ORDER IS THE F404.

## SECTION B

PR YPC03309001101  
NSN 4710-01-295-2033

## ITEM DESCRIPTION:

TUBE ASSEMBLY, METAL  
AMS 5557 MATERIAL, 0.312 IN. OUTSIDE DIA.,  
0.035 IN. WALL THICKNESS, SWIVEL NUT  
INVERTED FLARE DOUBLE COMPRESSION FITTING.

## CRITICAL APPLICATION ITEM

GENERAL ELECTRIC COMPANY DIV GENERA (99207) P/N 4061T94G01

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001	YPC03309001101	0001	10	EA	\$494.50000	\$4945.00

QTY VARIANCE: PLUS 10% MINUS 10%  
INSPECTION POINT: ORIGIN  
ACCEPTANCE POINT: ORIGIN

## PREP FOR DELIVERY

PKGING DATA - MIL-STD-2073-1D, 15 DEC 1999  
QUP = 001: PRES MTHD = BL: CLNG/DRY = 1: PRESV MAT = XX:  
WRAP MAT = XX: CUSH/DUNN MAT = NA: CUSH/DUNN THKNSS = X:  
UNIT CONT = DO: OPI = O:  
INTRMDTE CONT = XX: 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 AUG 31

PARCEL POST ADDRESS:

CONTINUED ON NEXT PAGE

SECTION B

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

NON-MILSTRIP  
PROJ NS5

\* \* \* \* \*

REMIT PAYMENT TO:

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