

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. UBJS		3. DATE OF ORDER (YYMMDD) 2003 SEP 12		4. REQUISITION/PURCH REQUEST NO. YPC03212000732		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.Bartholomew@dla.mil				7. ADMINISTERED BY (If other than 6) DCMA PHOENIX 2 RENAISSANCE SQUARE 40 N CENTRAL AVE SUITE 400 PHOENIX, AZ 85004-4400		8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER <small>(See Schedule if other)</small>					
9. CONTRACTOR MCDONNELL DOUGLAS HELICOPTER COMPAN 5000 E MCDOWELL ROAD MESA AZ 85215-9797		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) 30 DAYS ADO		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED		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				15. PAYMENT WILL BE MADE BY HQ0339 DFAS COLUMBUS CENTER WEST ENTITLEMENT OPERATIONS P O BOX 182381 COLUMBUS OH 43218-2381				MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER ERT: T			

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 2003 SEP 05, Ms. Barbara Southworth 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	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 \$ 174.15	
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		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 YPC03212000732

CAGE/PN 8V613 7311150114

CAGE SDC NAME - ADDRESS
 8V613 A 5000 E MCDOWELL ROAD
 MESA AZ 85215-9797
 480-891-3965

ITEM DESCRIPTION:

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001	YPC03212000732	0001	1	EA	\$174.15000	\$174.15

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

EXCEPTION DATA:

NOTE: 9/10/03

THE BOEING COMPANY'S REFERENCE QUOTE NUMBER: C03-20567/AOG03124

THE BOEING COMPANY'S DATE OF QUOTE: SEPTEMBER 5, 2003
-----USE P/N: 7-311150146-19
-----ITEM: APACHE SUPPORT

COMPANY: THE BOEING COMPANY
 POC: MS. BARBARA SOUTHWORTH
 CONTRACTS AND PRICNG ADMINISTRATOR
 AEROSPACE SUPPORT CONTRACTS AND PRICING
 THE BOEING COMPANY (MESA)
 E012, MC M543-D218
 PHONE: 1 480 891 7351
 FAX: 1 480 891 3623

NOTE 2:

THE BOEING COMPANY IS AUTHORIZED TO SHIP LESS NSN, IF ONE HAS
 NOT BEEN ASSIGNED.

MFC: 8V613 P/N: 7-3111501146-19

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SECTION B

ITEM: SUPPORT
O53

*

PREP FOR DELIVERY

COMMERCIAL PRACTICE PPP WITH MIL-STD-129 MARKING.

DELIVERY FOB: ORIGIN BY: 2003 OCT 12

PARCEL POST/FREIGHT ADDRESS:

W81CL8
SR W0VC MAINT DIV PB CONT
BLDG 702 HOOD ARMY AIRFIELD
FORT HOOD TX 76544-5060

M/F: (TCN) W45CMU32063044 XXX
RDD SHIP BY FASTEST TRACEABLE MEANS
PROJ N01 TP 1
SUP ADD W81CL8 SIG K

FOR DOCUMENT DISTRIBUTION ONLY:

W81CL8
SR W0VC MAINT DIV PB CONT
BLDG 702 HOOD ARMY AIRFIELD
FORT HOOD TX 76544-5060

FOR GOVERNMENT USE ONLY: IPD 02

DIC AOE DIST ADV 2B FC 31

REMIT PAYMENT TO:
