

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. N00383-00-G-028B		2. DELIVERY ORDER NO. UB27		3. DATE OF ORDER (YYMMDD) 2003 AUG 14		4. REQUISITION/PURCH REQUEST NO. YPC03202000538		5. PRIORITY DOA1		
6. ISSUED BY Defense Supply Center Columbus 3990 E. Broad St. P.O. Box 16704 Columbus, OH 43216-5010 Local Administrator: PAABCAP (614)692-2817 / FAX: (614)693-1679 E-mail: Caroline.Blalock@dla.mil			CODE SP0700		7. ADMINISTERED BY (if other than 6) DCMA ATLANTA 805 WALKER ST SUITE 1 MARIETTA GA 30060-2789			CODE S1103A		8. DELIVERY FOB <input checked="" type="checkbox"/> DEST <input type="checkbox"/> OTHER <i>(See Schedule if other)</i>
9. CONTRACTOR ONE SOURCE MANUFACTURING LLC 101 COLEMAN BLVD SAVANNAH GA 31408-6568			CODE 1M6A3		FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) 182 DAYS ADO		11. MARK IF BUSINESS <input checked="" type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED	
NAME AND ADDRESS			12. DISCOUNT TERMS 00.500% 10 days, 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 ATTN DFAS CO BVDPPC/CC CONSTRUCTIO 3990 E BROAD ST PO BOX 182317 COLUMBUS OH 43218-6203			CODE S33181		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER

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.							
	PURCHASE		Reference your offer dated 2003 JUL 30, MQT1567 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							

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: 5			

* 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 \$ 6815.00	
26. QUANTITY IN COLUMN 20 HAS BEEN		BY:		29. DIFFERENCE	
<input type="checkbox"/> INSPECTED	<input type="checkbox"/> RECEIVED	<input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED	27. SHIP NO.		30. INITIALS
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____		28. D.O. VOUCHER NO.		33. AMOUNT VERIFIED CORRECT FOR	
36. I certify this account is correct and proper for payment.		31. PAYMENT		34. CHECK NUMBER	
DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____		<input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		35. BILL OF LADING NO.	
37. RECEIVED AT	38. RECEIVED BY (Print)	39. DATE RECEIVED (YYMMDD)	40. TOTAL CONTAINERS	41. S/R ACCOUNT NUMBER	42. S/R VOUCHER NO.

SECTION B

PR YPC03202000538
NSN 4720-00-163-5829

ITEM DESCRIPTION:

HOSE ASSEMBLY, METAL
PRODUCTION LOT TESTING REQUIRED. QUALITY
ASSURANCE PROVISIONS AS STATED IN THE
CURRENT NEGOTIATED BASIC ORDERING AGREEMENT(S)
APPLY. THIS IS TO INCLUDE THE LISTED CONTRACT
DATA REQUIREMENTS LIST (DD FORM 1423).

DLAD CLAUSE 52.246-9004, PRODUCT VERIFICATION
TESTING, IS HEREBY INCORPORATED, AND MAY BE
INVOKED AT THE DISCRETION OF THE PROCUREMENT
ACTIVITY.

CRITICAL APPLICATION ITEM

D F P MANUFACTURING CORP (05BH9) P/N 1128P41531-7
NORTHROP GRUMMAN SYSTEMS CORPORATIO (26512) P/N 1128P41531-7

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001	YPC03202000538	0001	5	EA	\$1363.00000	\$6815.00

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

PREP FOR DELIVERY

PKGING DATA - MIL-STD-2073-1D, 15 DEC 1999
QUP = 001: PRES MTHD = AE: CLNG/DRY = 1: PRESV MAT = 00:
WRAP MAT = XX: CUSH/DUNN MAT = NA: CUSH/DUNN THKNSS = X:
UNIT CONT = D3: OPI = O:
INTRMDTE CONT = DO: 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
SUPPLEMENTAL INSTRUCTIONS

CONTINUED ON NEXT PAGE

SECTION B

DOD BAR CODE MARKING REQUIRED IN ACCORDANCE WITH
MIL-STD-129 (LATEST REVISION) MARKING AND BAR
CODING IN ACCORDANCE WITH AIM BC1.

DELIVER FOB: DESTINATION BY: 2004 FEB 12

PARCEL POST ADDRESS:

W62G2T
XU DEF DIST DEPOT SAN JOAQUIN
TRANSPORTATION OFFICER
PO BOX 960001
STOCKTON CA 95296-0130

FREIGHT SHIPPING ADDRESS:

W62G2T
XU DEF DIST DEPOT SAN JOAQUIN
25600 S CHRISMAN ROAD
REC WHSE 10 PH 209 839 4307
TRACY CA 95376-5000

NON-MILSTRIP
PROJ

REMIT PAYMENT TO:
