

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. N00383-01-G-015N		2. DELIVERY ORDER NO. UZP8		3. DATE OF ORDER (YYMMDD) JAN 15 2004		4. REQUISITION/PURCH REQUEST NO.		5. PRIORITY DO-A1	
6. ISSUED BY DEFENSE SUPPLY CENTER COLUMBUS 3990 E. BROAD ST., P.O. BOX 16704 COLUMBUS, OH 43216-5010 614-692-8609 CONTRACT SPECIALIST--RICHARD BEBEL				7. ADMINISTERED BY (If other than 6) DCMA SIKORSKY AIRCRAFT 6900 MAIN ST 203 386-6093 PO BOX 9731 STRATFORD CT 06615-9131		8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER (See Schedule if other)			
9. CONTRACTOR NAME AND ADDRESS • SIKORSKY AIRCRAFT CORP 6900 MAIN ST STRATFORD CT 06615-9129				FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) DEC 15 2004 335		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED	
14. SHIP TO SEE CONTINUATION SHEET ATTACHED				15. PAYMENT WILL BE MADE BY DFAS-CO NORTH ENTITLEMENT OPERATIONS PO BOX 182266 COLUMBUS OH 43218-2266		13. MAIL INVOICES TO SAME AS PAYMENT OFFICE			
16. TYPE OF ORDER DELIVERY PURCHASE <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 MR. STEVE KELLY, 203-386-7447, 01/14/2004 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
BUYER: WELLS, BLW *DO NOT SHIP TO ADDRESS IN BLOCK 6*

18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
0001	<p>NOTICE: THIS ITEM URGENTLY REQUIRED--SEE SCHEDULE Mark All Exterior Shipping Containers: URGENT--SHIP MOST EXPEDITIOUS MODE OF TRANSPORTATION</p> <p>FOB:STRATFORD, CT</p> <p>PRES/PKG-See Continuation Sheet(s) Attached</p>	2	EA	2,035.47	4,070.94

* 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 KIMBERLY M. WATSON BY: CONTRACTING OFFICER		JAN 15 2004 CONTRACTING/ORDERING OFFICER		25. TOTAL \$4,070.94	
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. DIFFERENCES	
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____		<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		30. INITIALS	
36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____		31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL				33. AMOUNT VERIFIED CORRECT FOR	
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

REFERENCE NO. OF DOCUMENT BEING CONTINUED

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NAME OF OFFEROR OR CONTRACTOR

Sikorsky

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	PR YPC04013000483 NSN 4710-01-162-9009 ITEM DESCRIPTION: POTENTIALLY HAZARDOUS, SEE REPRESENTATION TUBE ASSEMBLY, METAL. STEEL. 2.250 IN. OD. 0.020 IN. WALL THK. PREBENT. SIKORSKY AIRCRAFT CORP (78286) P/N 70306-23105-043				
<i>0001</i>	PRLI 000100 QTY VARIANCE: PLUS % MINUS % INSP/ACCEPT POINT: <i>Original</i> PREP FOR DELIVERY: <i>Std. Com. Pak or Better</i> DOD BAR CODE MARKING REQUIRED IN ACCORDANCE WITH MIL-STD-129 (LATEST REVISION) MARKING AND BAR CODING IN ACCORDANCE WITH AIM BCL. DELIVER FOB: BY: PA... CONTINUED ON NEXT PAGE	2	EA	<i>2035.47</i>	<i>4,070.94</i>

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED

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NAME OF OFFEROR OR CONTRACTOR

Sikorsky

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	<p>PR YPC04013000483 PRLI 000100 CONT'D</p> <p>FREIGHT SHIPPING ADDRESS:</p> <p>Z50100 US COAST GUARD AIRCRAFT REPAIR AND SUPPLY CENTER BUILDING 63 ELIZABETH CITY NC 27909-5001</p> <p>M/F: (TCN) Z5010033535006 XXX RDD 999 PROJ RMR TP 1 SUP ADD Y0001J SIG A</p> <p>FOR GOVERNMENT USE ONLY: IPD 02 DIC AOA DIST ADV 2L FC JF</p> <p>END OF PR</p>				

**SHIPMENT BY PARCEL
 POST IS NOT PERMITTED
 FOR THIS ORDER.
 SHIP FASTEST TRACEABLE
 MEANS POSSIBLE.**