

# 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.<br><b>F34601-01-G-0011</b>  |  | 2. DELIVERY ORDER NO.<br><b>UBQ8</b> |  | 3. DATE OF ORDER (YYMMDD)<br><b>2003 DEC 18</b>   |  | 4. REQUISITION/PURCH REQUEST NO.<br><b>YPC03206000382</b>          |  | 5. PRIORITY<br><b>DOA1</b>  |  |  |  |
| 6. ISSUED BY<br>CODE <b>SP0700</b><br><b>Defense Supply Center Columbus<br/>3990 E. Broad St.<br/>P.O. Box 16704<br/>Columbus, OH 43216-5010<br/>Local Administrator: PAABCAD (614)692-1407 / FAX: (614)692-6292<br/>E-mail: Michael.Theado@dla.mil</b> |  |                                      |  | 7. ADMINISTERED BY (If other than 6)<br>CODE <b>S4801A</b><br><b>DCMC SEATTLE<br/>CORPORATE CAMPUS E III<br/>3009 112TH AVE NE SUITE 200<br/>BELLEVUE WA 98004-8019</b> |  |  |  | 8. DELIVERY FOB<br><input type="checkbox"/> DEST<br><input checked="" type="checkbox"/> OTHER<br><i>(See Schedule if other)</i>                   |  |  |  |
| 9. CONTRACTOR<br>CODE <b>81205</b><br><b>THE BOEING COMPANY<br/>7755 E MARGINAL WAY<br/>P.O. BOX 3999<br/>SEATTLE WA 98124-2499</b>   |  |                                      |  | FACILITY CODE   |  | 10. DELIVER TO FOB POINT BY (Date) (YYMMDD)<br><b>226 DAYS ARO</b> |  | 11. MARK IF BUSINESS IS<br><input type="checkbox"/> SMALL<br><input type="checkbox"/> SMALL DISADVANTAGED<br><input type="checkbox"/> WOMEN-OWNED |  |  |  |
| NAME AND ADDRESS  |  |                                      |  | 12. DISCOUNT TERMS<br><b>NET 30 days</b>  |  | 13. MAIL INVOICES TO<br><b>See Block 15</b>                        |  |   |  |  |  |
| 14. SHIP TO<br>CODE<br><b>See Schedule - Do Not Ship to Address in Block 6</b>  |  |                                      |  | 15. PAYMENT WILL BE MADE BY<br>CODE <b>HQ0339</b><br><b>HQ0339 DFAS COLUMBUS CENTER<br/>WEST ENTITLEMENT OPERATIONS<br/>P O BOX 182381<br/>COLUMBUS OH 43218-2381</b>   |  |  |  | MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER  |  |  |  |
| EFT: 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.<br>Reference your <b>offer dated 2003 NOV 07, 537Y-03SFC-1819</b> and furnish the following on terms specified herein.<br><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> |
|                   | PURCHASE |                                     |   |

|  |           |                      |                      |
|--|-----------|----------------------|----------------------|
| 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  
97X4930 5CC0 001 22.1 S33150 (TRANS)**

| 18. ITEM NO. | 19. SCHEDULE OF SUPPLIES/SERVICE  | 20. QUANTITY ORDERED/ACCEPTED* | 21. UNIT | 22. UNIT PRICE | 23. AMOUNT |
|--------------|---|--------------------------------|----------|----------------|------------|
|              | <b>Remarks:<br/>CONFIRMING ORDER -- DO NOT DUPLICATE<br/>ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.</b> | <b>TOTAL:<br/>5</b>            |          |                |            |

|  |  |  |  |                                 |                                |
|--|--|--|--|---------------------------------|--------------------------------|
| * 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 <b>Joe Baird</b><br>BY:   |  | PAAAAB7                         | 25. TOTAL<br><b>\$ 5041.50</b> |
| 26. QUANTITY IN COLUMN 20 HAS BEEN<br><input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED |  | 32. PAID BY<br><input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL                                      |  | 29. DIFFERENCE                  |                                |
| DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____   |  | 33. PAYMENT<br><input type="checkbox"/> COMPLETE<br><input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL |  | 30. INITIALS                    |                                |
| 36. I certify this account is correct and proper for payment.<br>DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____  |  | 34. CHECK NUMBER   |  | 33. AMOUNT VERIFIED CORRECT FOR |                                |
| 37. RECEIVED AT  |  | 38. RECEIVED BY (Print)  |  | 35. BILL OF LADING NO.          |                                |
| 39. DATE RECEIVED (YYMMDD)   |  | 40. TOTAL CONTAINERS   |  | 41. S/R ACCOUNT NUMBER          |                                |
| 42. S/R VOUCHER NO.  |  |  |  |                                 |                                |

## SECTION B

PR YPC03206000382  
 NSN 4710-01-149-2763

## ITEM DESCRIPTION:

TUBE ASSEMBLY, METAL  
 THE BOEING COMPANY (82918) P/N 458-58238-1

| <u>ITEM</u> | <u>PR</u>      | <u>PRLI</u> | <u>QUANTITY</u> | <u>UNIT</u> | <u>UNIT PRICE</u> | <u>AMOUNT</u> |
|-------------|----------------|-------------|-----------------|-------------|-------------------|---------------|
| 0001        | YPC03206000382 | 0001        | 5               | EA          | \$1008.30000      | \$5041.50     |

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 = 00: CUSH/DUNN MAT = XX: CUSH/DUNN THKNESS = X:  
 UNIT CONT = E5: OPI = O:  
 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 JUL 31

## PARCEL POST ADDRESS:

W25G1U  
 XU TRANSPORTATION OFFICER  
 DDSP NEW CUMBERLAND FACILITY  
 BUILDING MISSION DOOR 113 134  
 NEW CUMBERLAND PA 17070-5001

CONTINUED ON NEXT PAGE

SECTION B

FREIGHT SHIPPING ADDRESS:

W25G1U  
TRANSPORTATION OFFICER  
DDSP NEW CUMBERLAND FACILITY  
BUILDING MISSION DOOR 113-134  
NEW CUMBERLAND PA 17070-5001

NON-MILSTRIP  
PROJ NS3

\* \* \* \* \*

REMIT PAYMENT TO:

\* \* \* \* \*