

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. F42600-02-G-0003		2. DELIVERY ORDER NO. UB5Z		3. DATE OF ORDER (YYMMDD) 2003 DEC 18		4. REQUISITION/PURCH REQUEST NO. YPE03308000010		5. PRIORITY DOA7	
6. ISSUED BY CODE SP0900 Defense Supply Center Columbus 3990 E. Broad St. P.O. Box 16704 Columbus, OH 43216-5010 Local Administrator: PCCCLMU (614)692-1614 / FAX: (614)692-6933 E-mail: Jamie.Wiebusch@dla.mil				7. ADMINISTERED BY (If other than 6) CODE S0302A DCMA PHOENIX TWO RENAISSANCE SQUARE 40 N. CENTRAL AVE., SUITE 400 PHOENIX AZ 85004-4400 CRITICALITY: C				8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER <i>(See Schedule if other)</i>	
9. CONTRACTOR CODE 07187 HONEYWELL INTERNATIONAL INC. - DEFENSE AVIONICS 9201 SAN MATEO BLVD ALBUQUERQUE NM 87113-2220				10. DELIVER TO FOB POINT BY (Date) (YYMMDD) 90 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 CODE See Schedule - Do Not Ship to Address in Block 6				15. PAYMENT WILL BE MADE BY CODE S33184 DFAS - COLUMBUS CENTER ATTN DFAS BVDPC/CC 3990 E BROAD ST PO BOX 182317 COLUMBUS OH 43218-6205 EFT: T				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. Reference your offer dated 2003 NOV 17, 39329-1-A 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
EG: 97X4930 SCE0 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: 10			

* 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 Jamie Wiebusch BY:		PCCCLMU TRACTING/ORDERING OFFICER HER NO.		25. TOTAL \$ 1450.00	
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		32. PAID BY <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		33. AMOUNT VERIFIED CORRECT FOR		29. DIFFERENCE	
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____		31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		34. CHECK NUMBER		30. INITIALS	
36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____				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.		

TERMS AND CONDITIONS ARE IN ACCORDANCE WITH THE BASIC ORDERING AGREEMENT
F42600-02-G-0003.

SECTION B

PR YPE03308000010
NSN 5962-01-282-7934

ITEM DESCRIPTION:

MICROCIRCUIT,DIGITA

NO DATA IS AVAILABLE. THE ALTERNATE OFFEROR IS
REQUIRED TO PROVIDE A COMPLETE DATA PACKAGE
INCLUDING DATA FOR THE APPROVED AND ALTERNATE
PART FOR EVALUATION.

HONEYWELL INTERNATIONAL INC. - (07187) P/N 8508842-103

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
2001	YPE03308000010	0002	10	EA	\$145.00000	\$1450.00

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 = GX: CLNG/DRY = 1: PRESV MAT = 00:
WRAP MAT = XX: CUSH/DUNN MAT = XX: CUSH/DUNN THKNESS = X:
UNIT CONT = XX: OPI = M:
INTRMDTE CONT = D3: INTRMDTE CONT QTY = AAA:
PACK CODE = U:
MARKING SHALL BE IN ACCORDANCE WITH MIL-STD-129.
SPECIAL MARKING CODE: 39 - MIL-STD-129 ESD SENS ELEC DEV RQMT APPLY
SUPPLEMENTAL INSTRUCTIONS

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

DELIVER FOB: ORIGIN BY: 2004 MAR 17

PARCEL POST/FREIGHT ADDRESS:

SW3119
DEF DIST DEPOT WARNER ROBINS
455 BYRON STREET BLDG 376
ROBINS AFB GA 31098-1887

CONTINUED ON NEXT PAGE

SECTION B

NON-MILSTRIP
PROJ

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REMIT PAYMENT TO:

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