

# 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>N00383-02-G-014G</b>  |  | 2. DELIVERY ORDER NO.<br><b>UBA4</b>   |  | 3. DATE OF ORDER (YYMMDD)<br><b>2003 DEC 19</b>  |   | 4. REQUISITION/PURCH REQUEST NO.<br><b>YPC03295000228</b> |  | 5. PRIORITY<br><b>DOAS</b>     |   |  |  |                        |                     |
| 6. ISSUED BY<br>Defense Supply Center Columbus<br>3990 E. Broad St.<br>P.O. Box 16704<br>Columbus, OH 43216-5010<br>Local Administrator: PAABCAC (614)692-7512 / FAX: (614)692-5269<br>E-mail: Dorinda.Conner@dla.mil                   |  |  | CODE<br><b>SP0700</b>  |  | 7. ADMINISTERED BY (If other than 6)<br>DCMA GENERAL DYNAMICS DEFENSE SYST<br>128 LAKESIDE AVE<br>BURLINGTON VT 05401-4985<br><b>CRITICALITY: B</b> |   |  | CODE<br><b>S4601A</b>          |   | 8. DELIVERY FOB<br><input type="checkbox"/> DEST<br><input checked="" type="checkbox"/> OTHER<br>(See Schedule if other) |  |                        |                     |
| 9. CONTRACTOR<br>NAME AND ADDRESS<br><b>GENERAL DYNAMICS ARMAMENT AND TECHNICAL PRODUCTS INC.<br/>128 LAKESIDE AVENUE<br/>BURLINGTON VT 05401-4985</b>  |  |  | CODE<br><b>05606</b>   |  | FACILITY CODE   |   | 10. DELIVER TO FOB POINT BY (Date) (YYMMDD)<br><b>286 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 |  |  |                        |                     |
| 14. SHIP TO<br>See Schedule - Do Not Ship to Address in Block 6   |  |  | CODE   |  | 15. PAYMENT WILL BE MADE BY<br>HQ0337 DFAS COLUMBUS CENTER<br>NORTH ENTITLEMENT OPERATIONS<br>P O BOX 182266<br>COLUMBUS OH 43218-2266<br>EFT: T    |   |  | CODE<br><b>HQ0337</b>          |   | 13. MAIL INVOICES TO<br><b>See Block 15</b>  |  |                        |                     |
| 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  | <input type="checkbox"/>   | Reference your <b>offer dated 2003 OCT 28, 4EC5FE</b> 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)           |   |  |  |                        |                     |
| 17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE<br><b>CG: 97X4930 5CC0 001 26.0 S33150</b>  |  |  |  |  |   |   |  |                                |   |  |  |                        |                     |
| 18. ITEM NO.  | 19. SCHEDULE OF SUPPLIES/SERVICE   |  |  |  | 20. QUANTITY ORDERED/ACCEPTED*  | 21. UNIT  | 22. UNIT PRICE   |                                | 23. AMOUNT  |  |  |                        |                     |
|   | <b>Remarks:<br/>ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.</b> |  |  |  | <b>TOTAL:<br/>3</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<br>BY: <i>Robert Schneider</i> CONTRACTING/ORDERING OFFICER                               |   |   |  | 25. TOTAL<br><b>\$ 2856.00</b> |   | 29. DIFFERENCE   |  |                        |                     |
| 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  |  |  |  | 27. SHIP. NO.<br><input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL                                    |   | 28. D.O. VOUCHER NO.                                      |  | 30. INITIALS                   |   | 33. AMOUNT VERIFIED CORRECT FOR  |  |                        |                     |
| DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____  |  |  |  | 31. PAYMENT<br><input type="checkbox"/> COMPLETE<br><input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL |   | 32. PAID BY   |  | 34. CHECK NUMBER               |   | 35. BILL OF LADING NO.   |  |                        |                     |
| 36. I certify this account is correct and proper for payment.<br>DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____   |  |  |  | 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

Order Number:

N00383-02-G-014G-UBA4

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FOB ORIGIN: SACO, ME

INSPECTION POINTS FOR SUPPLIES AND PACKAGING:

GENERAL DYNAMICS ARMAMENT AND TECHNICAL PRODUCTS (05606)

SECONDARY ADMIN LOCATION: SAME AS PRIMARY ADMIN LOCATION

## SECTION B

PR YPC03295000228  
NSN 1005-01-144-0039

## ITEM DESCRIPTION:

HOUSING, UNLOAD, DRIVE.

THE INTERNATIONAL ORGANIZATION FOR  
STANDARDIZATION (ISO) 9002 OR A "TAILORED"  
PROGRAM MEETING THE FOLLOWING ISO 9002

## PARAGRAPHS APPLIES:

4.5, DOCUMENT CONTROL: LIMITED TO INSPECTION  
AND TESTING AS WELL AS APPLICABLE DRAWINGS,  
SPECIFICATIONS AND INSTRUCTIONS REQUIRED BY  
CONTRACT

4.6, PURCHASING: 4.6.1 AND LIMITED TO 4.6.2 A)  
AND 4.6.4.2, ALL OTHER PARTS OF PARAGRAPH  
ARE HEREBY DELETED

4.7, CUSTOMER-SUPPLIED PRODUCT:

4.8, PRODUCT IDENTIFICATION & TRACEABILITY:

4.10, INSPECTION & TESTING:

4.11, INSPECTION, MEASURING & TEST EQUIPMENT:

4.12, INSPECTION AND TEST STATUS:

4.13, CONTROL OF NONCONFORMING PRODUCT:

4.14, CORRECTIVE AND PREVENTIVE ACTION:

PARAGRAPH 4.14.3 APPLY TO PRODUCT ONLY

4.16, QUALITY RECORDS:

FAR CLAUSE 52.246-11 APPLIES

## CRITICAL APPLICATION ITEM

GENERAL DYNAMICS ARMAMENT AND (05606) P/N 209F253

| <u>ITEM</u> | <u>PR</u>      | <u>PRLI</u> | <u>QUANTITY</u> | <u>UNIT</u> | <u>UNIT PRICE</u> | <u>AMOUNT</u> |
|-------------|----------------|-------------|-----------------|-------------|-------------------|---------------|
| 0001        | YPC03295000228 | 0001        | 3               | EA          | \$952.00000       | \$2856.00     |

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 = 31: CLNG/DRY = 1: PRESV MAT = 00:

WRAP MAT = XX: CUSH/DUNN MAT = XX: CUSH/DUNN THKNESS = X:

UNIT CONT = D3: OPI = 0:

CONTINUED ON NEXT PAGE

SECTION B

INTRMDTE CONT = E5: 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

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 SEP 30

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

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REMIT PAYMENT TO:

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