

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. F34601-02-G-0004 | | 2. DELIVERY ORDER NO. UB8H | | 3. DATE OF ORDER (YYMMDD) 2003 NOV 19 | | 4. REQUISITION/PURCH REQUEST NO. YPC02323000231 | | 5. PRIORITY DOA1 | |
| 6. ISSUED BY Defense Supply Center Columbus 3990 E. Broad St. P.O. Box 16704 Columbus, OH 43216-5010 Local Administrator: PAABCAC (614)692-7512 / FAX: (614)692-5269 E-mail: Dorinda.Conner@dla.mil | | | | 7. ADMINISTERED BY (If other than 6) DCMA HAMILTON SUNSTRAND 1 HAMILTON RD WINDSOR LOCKS CT 06096-0463 | | CODE SP0700 | | CODE S0703A | |
| 9. CONTRACTOR HAMILTON SUNSTRAND CORPORATION ONE HAMILTON ROAD WINDSOR LOCKS CT 06096-1010 | | CODE 73030 | | FACILITY CODE 99167 | | 10. DELIVER TO FOB POINT BY (Date) (YYMMDD) 439 DAYS ARO | | 8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER <small>(See Schedule if other)</small> | |
| NAME AND ADDRESS | | 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 See Schedule - Do Not Ship to Address in Block 6 | | | | 15. PAYMENT WILL BE MADE BY HQ0337 DFAS COLUMBUS CENTER NORTH ENTITLEMENT OPERATIONS P O BOX 182266 COLUMBUS OH 43218-2266 | | CODE HQ0337 | | MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER | |
| EFT: T | | | | | | | | | |

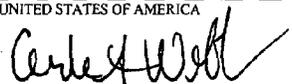
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| 16. DELIVERY TYPE OF ORDER | <input checked="" type="checkbox"/> DELIVERY | This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. | | | | | | | |
| PURCHASE | | Reference your offer dated 2003 NOV 18, 50000-5367-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. | | | | | | | | | |

| | | | | |
|--|--------------------|-----------|----------------------|----------------------|
| <input type="checkbox"/> | NAME OF CONTRACTOR | SIGNATURE | TYPED NAME AND TITLE | DATE SIGNED (YYMMDD) |
| 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: ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT. | TOTAL: 9 | | | |

| | | | | | |
|--|--|--|--|---------------------------------|--|
| * 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 \$ 11512.53 | |
| 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 | | BY:  | | 29. DIFFERENCE | |
| DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____ | | 27. SHIP. NO. | | 30. INITIALS | |
| 36. I certify this account is correct and proper for payment. | | 31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL | | 32. PAID BY | |
| DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____ | | 32. D.O VOUCHER NO | | 33. AMOUNT VERIFIED CORRECT FOR | |
| 37 RECEIVED AT | | 38 RECEIVED BY (Print) | | 34. CHECK NUMBER | |
| 39. DATE RECEIVED (YYMMDD) | | 40. TOTAL CONTAINERS | | 35. BILL OF LADING NO. | |
| | | 41 S/R ACCOUNT NUMBER | | 42. S/R VOUCHER NO. | |

Manufacture Facilities:

99167

HAMILTON SUNDSTRAND CORP
DBA HAMILTON SUNDSTRAND AEROSPACE
4747 HARRISON AVE
ROCKFORD IL 61125-7002 .

Supplies and Packaging - Inspection and Acceptance Address:

99167

HAMILTON SUNDSTRAND CORP
DBA HAMILTON SUNDSTRAND AEROSPACE
4747 HARRISON AVE
ROCKFORD IL 61125-7002

Admin Office for Supplies and Packaging:

S1403A

S1403A DCMA CHICAGO
1523 WEST CENTRAL ROAD, BLDG. 203
224 625-8206
ARLINGTON HEIGHTS, IL 60005-2451

SECTION B

PR YPC02323000231
NSN 3040-00-229-1651

ITEM DESCRIPTION:

SHAFT, SHOULDERED.

CRITICAL APPLICATION ITEM

HAMILTON SUNDSTRAND CORPORATION (99167) P/N 701335

| <u>ITEM</u> | <u>PR</u> | <u>PRLI</u> | <u>QUANTITY</u> | <u>UNIT</u> | <u>UNIT PRICE</u> | <u>AMOUNT</u> |
|-------------|----------------|-------------|-----------------|-------------|-------------------|---------------|
| 0001 | YPC02323000231 | 0001 | 9 | EA | \$1279.17000 | \$11512.53 |

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 = 41: CLNG/DRY = 1: PRESV MAT = XX:
WRAP MAT = XX: CUSH/DUNN MAT = XX: CUSH/DUNN THKNSS = 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: 2005 JAN 31

PARCEL POST ADDRESS:

SW3211
DEF DISTRIBUTION DEPOT OKLAHOMA
CEN REC 3301 F AVE BLDG 506 DR 22
TINKER AFB OK 73145-8000

CONTINUED ON NEXT PAGE

SECTION B

FREIGHT SHIPPING ADDRESS:

SW3211
DEF DISTRIBUTION DEPOT OKLAHOMA
CENTRAL REC 3301 F AVE BLDG 506
TINKER AFB OK 73145-8000

NON-MILSTRIP
PROJ C11

REMIT PAYMENT TO:
