

# 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. <b>N00383-01-G-015N-</b>		2. DELIVERY ORDER NO. <b>UZF6</b>		3. DATE OF ORDER (YYMMDD) <b>DEC 22 2003</b>		4. REQUISITION/PURCH REQUEST NO.		5. PRIORITY <b>DO-A1</b>		
8. ISSUED BY <b>DEFENSE SUPPLY CENTER COLUMBUS 3990 E. BROAD ST., P.O. BOX 16704 COLUMBUS, OH 43216-5010 614-692-8609 CONTRACT SPECIALIST--RICHARD BEBEL</b>				CODE <b>SPO700</b>		7. ADMINISTERED BY (if other than 6) <b>DCMA SIKORSKY AIRCRAFT 6900 MAIN ST 203 386-6093 PO BOX 9731 STRATFORD CT 06615-9131</b>		CODE <b>S0707A</b>		
9. CONTRACTOR <b>SIKORSKY AIRCRAFT CORP 6900 MAIN ST STRATFORD CT 06615-9129</b>				CODE <b>78286</b>		FACILITY CODE		10. DELIVER TO FOB POINT (YYMMDD) <b>AUG 23 2004 245</b>		
NAME AND ADDRESS				11. MARK IF BUSINESS IS		12. DISCOUNT TERMS <b>NET 30 DAYS</b>		<input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER <small>(See Schedule if other)</small>		
13. MAIL INVOICES TO <b>SAME AS PAYMENT OFFICE</b>				14. SHIP TO <b>SEE CONTINUATION SHEET ATTACHED</b>		CODE		15. PAYMENT WILL BE MADE BY <b>DFAS COLUMBUS CENTER DFAS-CO-LSCAA P.O. BOX 182317 COLUMBUS, OH 43218-23147</b>		
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 <b>MR. STEVE KELLY, 12/17/2003, 203-386-7447</b> 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 <b>CG: 97X4930 SCC0 001 26.0 S33150 BUYER: WELLS, BLW *DO NOT SHIP TO ADDRESS IN BLOCK 6*</b>										
18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICE					20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT	
0001	<b>NOTICE: THIS ITEM URGENTLY REQUIRED--SEE SCHEDULE Mark All Exterior Shipping Containers: URGENT--SHIP MOST EXPEDITIOUS MODE OF TRANSPORTATION</b>  <b>FOB:ORIGIN, STRATFORD, CT</b>  <b>PRES/PKG-See Continuation Sheet(s) Attached</b> <i>Kimberly M. Watson</i>					6	EA	1,261.99	7,571.94	
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and describe.						24. UNITED STATES OF AMERICA <b>KIMBERLY M. WATSON CONTRACTING OFFICER</b> BY: <i>Kimberly M. Watson</i>		25. TOTAL <b>\$7,571.94</b>		
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.		
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____						<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		29. DIFFERENCES		
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		30. INITIALS		
37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYMMDD)		40. TOTAL CONTAINERS		41. SIR ACCOUNT NUMBER		
								33. AMOUNT VERIFIED CORRECT FOR		
								34. CHECK NUMBER		
								35. BILL OF LADING NO.		
								42. SIR VOUCHER NO.		

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED

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NAME OF OFFEROR OR CONTRACTOR

*Sikorsky Aircraft*

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	PR YPC03346000636 NSN 4730-01-151-0808 ITEM DESCRIPTION: POTENTIALLY HAZARDOUS, SEE REPRESENTATION FITTING INTERCONNEC SIKORSKY AIRCRAFT CORP (78286) P/N 61300-63192-101				
<i>0001</i>	PRLI 000100  QTY VARIANCE: PLUS % MINUS % INSP/ACCEPT POINT: <i>Stentford, CT.</i> PREP FOR DELIVERY: <i>Std Csm: 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:  FREIGHT SHIPPING ADDRESS:  N00188 NAVAL AIR STATION SUPPLY DEPARTMENT 422 WAREHOUSE STREET BLDG SP89 NORFOLK VA 23511-4397  M/F: (TCN) N001883345G208 XXX RDD 03350 PROJ AKO TP 1 SUP ADD 4BG01B SIG A  CONTINUED ON NEXT PAGE		6 EA	<del>1261.99</del> <i>1261.99</i>	<del>7571.94</del> <i>7571.94</i>

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

CONTINUATION SHEET

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NAME OF OFFEROR OR CONTRACTOR

*Sibdecky Aircraft*

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
PR	YPC03346000636 PRLI 000100 CONT'D  FOR GOVERNMENT USE ONLY: IPD 03 DIC A4A DIST 9C ADV FC U5  END OF PR				