

# 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>SP0700-00-D-9401</b>		2. DELIVERY ORDER NO. <b>4424</b>		3. DATE OF ORDER (YYMMDD) <b>2003 SEP 21</b>		4. REQUISITION/PURCH REQUEST NO. <b>YPC03265000211</b>		5. PRIORITY		
6. ISSUED BY <b>DEFENSE SUPPLY CENTER COLUMBUS 3990 E. BROAD STREET P.O. BOX 16704 COLUMBUS, OH 43216-5010</b>			CODE <b>SP0700</b>		7. ADMINISTERED BY (If other than 6) <b>S0707A DCMA SIKORSKY AIRCRAFT 6900 MAIN ST PO BOX 9731 STRATFORD, CT 06615-9131</b>			CODE <b>S0707A</b>		8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER <i>(See Schedule if other)</i>
9. CONTRACTOR  <b>NAME AND ADDRESS SIKORSKY AIRCRAFT CORP 6900 MAIN ST STRATFORD CT 06615-9129</b>		CODE <b>78286</b>		FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD)		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED		
						12. DISCOUNT TERMS <b>I/A/W/ BASIC CONTRACT</b>		13. MAIL INVOICES TO <b>SEE BLOCK 15</b>		
14. SHIP TO  <b>DO NOT SHIP TO ADDRESSES ON THIS PAGE SEE FOLLOWING PAGE SHIPPING ADDRESSES ARE SHOWN UNDER LINE ITEM</b>			CODE		15. PAYMENT WILL BE MADE BY  <b>DFAS COLUMBUS CENTER DFAS CO BVPDCC/CC CONSTRUCTION 3990 E BROAD ST PO BOX 182317 COLUMBUS, OH 43218-6203</b>			CODE <b>S33181</b>		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER
16. TYPE OF ORDER	DELIVERY <input checked="" type="checkbox"/>	PURCHASE	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 _____ and furnish the following on terms specified herein. <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>							
			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  <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: Terms and conditions are in accordance with Basic Contract.  Vendor's copy was sent EDI. Do not duplicate shipment.  For Overseas (OCONUS) Shipments use DD Form 1387 (Military Shipment Label). The form and instructions for completing it are available at <a href="http://www.dscc.dla.mil/Offices/Packaging/forms.html">http://www.dscc.dla.mil/Offices/Packaging/forms.html</a></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  BY: <b>POPS Auto Award</b>				25. TOTAL <b>\$ 756.83</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. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		28. D.O. VOUCHER NO.		29. DIFFERENCE		30. INITIALS	
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____			31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR		34. CHECK NUMBER	
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.			

## SECTION B

ITEM DESCRIPTION NOT INCLUDED

Admin Location Code 152  
Required Delivery Date 999

P/N 70400-01215-042      Manufacturer's CAGE - 78286

<u>ITEM</u>		<u>QTY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
7101	PR YPC03265000211 NSN 3040-01-142-9644	1	EA	756.83	756.83

QTY VARIANCE: PLUS 0%      MINUS 0%  
INSPECTION POINT: ORIG  
ACCEPTANCE POINT: ORIG

DELIVERY FOB: ORIGIN      BY: 2003 SEP 30

**RDD 999/NMCS CONTACT TRANS OFFICE AT ADMIN OFFICE PRIOR TO SHIPMENT****PARCEL POST ADDRESS:**SR 0159 AV RGT 07      B CO SAMS  
OEF AWCF SSF  
APO      AE 09889**FREIGHT ADDRESS:**W91XDJ  
SR 0159 AV RGT 07      B CO SAMS  
OEF AWCF SSF  
BALAD AB  
BALAD, IQM/F: (TCN) W91S3432590602  
RDD: 999      PROJ: 9GF  
PRIORITY: 02

END OF AWARD