

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. F34601-01-G-0004		2. DELIVERY ORDER NO. UBB9		3. DATE OF ORDER (YYMMDD) 2004 JAN 23		4. REQUISITION/PURCH REQUEST NO. YPC03338000051		5. PRIORITY DOA1	
6. ISSUED BY CODE SP0700 Defense Supply Center Columbus 3990 E. Broad St. P.O. Box 16704 Columbus, OH 43216-5010 Local Administrator: PAABCAJ (614)692-7531 / FAX: (614)693-1679 E-mail: Cynthia.Farley-Fitzpatrick@dla.mil				7. ADMINISTERED BY (If other than 6) CODE S0512A DCMC VAN NUYS 6230 VAN NUYS BLVD 818 267-2000 VAN NUYS CA 91401-2713 CRITICALITY: A				8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER <i>(See Schedule if other)</i>	
9. CONTRACTOR CODE 79318 WHITTAKER CONTROLS INC. 12838 SATICOY STREET NORTH HOLLYWOOD CA 91605-3505			FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) 301 DAYS ARO		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED		
NAME AND ADDRESS			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 HQ0339 HQ0339 DFAS COLUMBUS CENTER WEST ENTITLEMENT OPERATIONS P O BOX 182381 COLUMBUS OH 43218-2381 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 DEC 16, 13609 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		

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
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: CONFIRMING ORDER -- DO NOT DUPLICATE ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.	TOTAL: 5			

* 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 Joe Baird BY:		PAAAAB7		25. TOTAL \$ 2605.00	
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		TRACTING/ORDERING OFFICER NUMBER NO.		29. DIFFERENCE	
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____		33. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		33. AMOUNT VERIFIED CORRECT FOR		30. INITIALS	
36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____		34. CHECK NUMBER		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.		

Packaging - Inspection and Acceptance Address:
3L633

JAMAR PACKAGING INC
24810 AVE TIBBETTS
VALENCIA CA 91355

SECTION B

PR YPC03338000051
NSN 4730-01-103-3151

ITEM DESCRIPTION:

RESTRICTOR UNIT, FLUID FLOW.

WHITTAKER CONTROLS INC. (79318) P/N 200599-9
THE LEE COMPANY (92555) P/N JEBA1875950D

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001	YPC03338000051	0001	5	EA	\$521.00000	\$2605.00

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

PREP FOR DELIVERY

PKGING DATA - QUP 001:
SHALL BE PACKAGED STANDARD COMMERCIAL IN ACCORDANCE WITH ASTM D 3951.

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 NOV 19

PARCEL POST ADDRESS:

N65923
NAVAL AVIATION DEPOT CHERRY POINT
PSC 8021
MCAS CHERRY POINT NC 28533-0021

FREIGHT SHIPPING ADDRESS:

N65923
MARK FOR NADEP RECEIVING OFFICER
MARINE CORPS AIR STATION 65923
CUNNINGHAM STREET BLDG 159 BAY R4
CHERRY POINT NC 28533-5040

CONTINUED ON NEXT PAGE

SECTION B

M/F: (TCN) N65923332925MM XXX
RDD 329 SHIP BY FASTEST TRACEABLE MEANS
PROJ 705 TP 1
SUP ADD SIG A

FOR GOVERNMENT USE ONLY: IPD 03

DIC A4A DIST 9C ADV FC PC

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REMIT PAYMENT TO:

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