

203-386-7928

<b>ORDER FOR SUPPLIES OR SERVICES</b> <i>(Contractor must submit four copies of invoice.)</i>						Form Approved OMB No. 0704-0187 Expires Jun 30, 1997	PAGE 1 OF <b>4</b>
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.							
<b>PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES.</b> <b>SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.</b>							
1. CONTRACT/PURCH ORDER NO. <b>N00383-01-G-015N</b>		2. DELIVERY ORDER NO. <b>UZ8M</b>		3. DATE OF ORDER (YYMMDD) <b>2004 JAN 23</b>		4. REQUISITION/PURCH REQUEST NO. <b>YPC03345000543</b>	5. PRIORITY <b>DOA1</b>
6. ISSUED BY <b>Defense Supply Center Columbus 3990 E. Broad St. P.O. Box 16704 Columbus, OH 43216-5010 Local Administrator: PAABCAB (614)692-3799 / FAX: (614)692-1238 E-mail: Myrtice.Gray@dla.mil</b>			CODE <b>SP0700</b>	7. ADMINISTERED BY (If other than 6) <b>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>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) <b>190 DAYS ADO</b>		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED	
14. SHIP TO <b>See Schedule - Do Not Ship to Address in Block 6</b>		CODE	15. PAYMENT WILL BE MADE BY <b>HQ0337 DFAS COLUMBUS CENTER NORTH ENTITLEMENT OPERATIONS P O BOX 182266 COLUMBUS OH 43218-2266</b>		CODE <b>HQ0337</b>	MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	
16. TYPE OF ORDER	<input checked="" type="checkbox"/> DELIVERY <input 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 <b>offer dated 2004 JAN 19, SPQ AQ 5C6 2003 DA</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.					
<input type="checkbox"/>	NAME OF CONTRACTOR	SIGNATURE		TYPED NAME AND TITLE		DATE SIGNED (YYMMDD)	
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE <b>CG: 97X4930 5CC0 001 26.0 S33150 97X4930 5CC0 001 22.1 S33150 (TRANS)</b>							
18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICE			20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
	Remarks: <b>CONFIRMING ORDER -- DO NOT DUPLICATE ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.</b>			<b>TOTAL: 1</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: <i>Leah E. Proulx</i> CONTRACTING/ORDERING OFFICER		25. TOTAL <b>\$ 161.31</b>	29. DIFFERENCE
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.	30. INITIALS	33. AMOUNT VERIFIED CORRECT FOR
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____				31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <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. 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:

N00383-01-G-015N-UZ8M

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ESOC - EXPEDITE HANDLING AND DELIVERY AT NO ADDITIONAL CHARGE TO THE GOV'T

## SECTION B

PR YPC03345000543  
 NSN 4720-00-943-7591

## ITEM DESCRIPTION:

HOSE ASSEMBLY, NONMETALLIC

SIKORSKY AIRCRAFT CORP (78286) P/N S6125-50243-2  
 TITFLEX CORP (78570) P/N 108327-2

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001	YPC03345000543	0001	1	EA	\$161.31000	\$161.31

QTY VARIANCE: PLUS 5% MINUS 5%  
 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 JUL 31

PARCEL POST ADDRESS:

Q99599  
 IMP AEROSPACE  
 HALIFAX INTERNATIONAL AIRPORT  
 573 BARNES ROAD HANGAR 2  
 HALIFAX NOVA SCOTIA CANADA B2T 1K3

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SECTION B

FREIGHT SHIPPING ADDRESS:

Q99599  
IMP AEROSPACE  
HALIFAX INTERNATIONAL AIRPORT  
573 BARNES ROAD HANGAR 2  
HALIFAX NOVA SCOTIA CANADA B2T 1K3

M/F: (TCN) Q995993342P343 XXX  
RDD 352 SHIP BY FASTEST TRACEABLE MEANS  
PROJ 423 TP 1  
SUP ADD N68984 SIG B

FOR GOVERNMENT USE ONLY: IPD 03

DIC A3A DIST G9C ADV FC QP

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REMIT PAYMENT TO:

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