

# 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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**3**

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>DAAH23-99-G-0014</b>		2. DELIVERY ORDER NO. <b>UBL1</b>		3. DATE OF ORDER (YYMMDD) <b>2003 SEP 23</b>		4. REQUISITION/PURCH REQUEST NO. <b>YPC03239000504</b>		5. PRIORITY <b>DOC9</b>	
6. ISSUED BY <b>Defense Supply Center Columbus 3990 E. Broad St. P.O. Box 16704 Columbus, OH 43216-5010 Local Administrator: PNNNAUD (614)692-4570 / FAX: (614)692-6906 E-mail: Lynn.Wright-Cunningham@dia.mil</b>			CODE <b>SP0700</b>	7. ADMINISTERED BY (If other than 6) <b>DCMA PHOENIX 2 RENAISSANCE SQUARE 40 N CENTRAL AVE SUITE 400 PHOENIX, AZ 85004-4400</b>			CODE <b>S0302A</b>	8. DELIVERY FOB <input type="checkbox"/> DBST <input checked="" type="checkbox"/> OTHER <small>(See Schedule if other)</small>	
9. CONTRACTOR  <b>MCDONNELL DOUGLAS HELICOPTER COMPAN 5000 E MCDOWELL ROAD MESA AZ 85215-9797</b>		CODE <b>8V613</b>		FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) <b>60 DAYS ARO</b>		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 <b>NET 30 days</b>		13. MAIL INVOICES TO <b>See Block 15</b>	
14. SHIP TO <b>See Schedule - Do Not Ship to Address in Block 6</b>			CODE		15. PAYMENT WILL BE MADE BY <b>HQ0339</b>			CODE <b>HQ0339</b>	
					<b>HQ0339 DFAS COLUMBUS CENTER WEST ENTITLEMENT OPERATIONS P O BOX 182381 COLUMBUS OH 43218-2381</b>			MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER  <b>EFT: T</b>	

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.
	PURCHASE		Reference your <b>C03-20664/4154-12663</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.

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
	<b>Remarks: 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		25. TOTAL \$ <b>231.00</b>	
		BY <i>Lynn Wright-Cunningham</i> <b>9-18-03</b>		26. CONTRACTING/ORDERING OFFICER	
26. QUANTITY IN COLUMN 20 HAS BEEN		27. SHIP. NO.		28. D.O. VOUCHER NO.	
<input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED		<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		29. DIFFERENCE	
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____		31. PAYMENT		30. INITIALS	
36. I certify this account is correct and proper for payment.		<input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY	
DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____		33. AMOUNT VERIFIED CORRECT FOR		34. CHECK NUMBER	
37. RECEIVED AT		38. RECEIVED BY (Print)		35. BILL OF LADING NO.	
39. DATE RECEIVED (YYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER	
				42. S/R VOUCHER NO.	

## SECTION B

PR YPC03239000504

CAGE/PN 8V613 721111206

CAGE SDC NAME - ADDRESS  
 8V613 A 5000 E MCDOWELL ROAD  
 MESA AZ 85215-9797  
 480-891-3965

ITEM DESCRIPTION:

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001	YPC03239000504	0001	1	EA	\$231.00000	\$231.00

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

EXCEPTION DATA:

PART NUMBER: 7-211112061-3  
 ITEM: APACHE PLATE, HOOK

"PLEASE SHIP LESS THE NSN"

PREP FOR DELIVERY

COMMERCIAL PRACTICE PPP WITH MIL-STD-129 MARKING.

DELIVERY FOB: ORIGIN BY: 2003 NOV 22

PARCEL POST ADDRESS:

W62N2A  
 XU DEF DIST DEPOT SAN JOAQUIN  
 TRANSPORTATION OFFICER  
 PO BOX 960001  
 STOCKTON CA 95296-0130

FREIGHT SHIPPING ADDRESS:

CONTACT TRANS OFF AT ADMIN OFF PRIOR TO SHIPMENT

CONTINUED ON NEXT PAGE

SECTION B

M/F: (TCN) W81XD032316301 XXX  
RDD 999/NMCS CONTACT TRANS OFFICE AT ADMIN OFFICE PRIOR TO SHIPMENT  
PROJ 9GD TP 1  
SUP ADD WT4KD8 SIG L

FOR DOCUMENT DISTRIBUTION ONLY:

WT4KD8  
SR 0052 AV CO CO C STK REC AC  
AWCF SSF  
UNIT 15203  
APO AP 96271-0139

FOR GOVERNMENT USE ONLY: IPD 02

DIC A05 DIST ADV 2B FC RB

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REMIT PAYMENT TO:

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