ORDER FOR SUPPLIES OR SERVICES

(Contractor must submit four copies of invoice.)

Form Approved
OMB No. 0704-0187
Expires Jun 30, 1997

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.	2. DELIVERY ORDER NO.	3. DATE OF ORDER (YYMMMDD)	4. REQUISITION/PURCH REQUEST NO.	5. PRIORITY
N00383-01-G-015N	UZFR	2004 JUN 24	YPC04103000099	DOA3

6. ISSUED BY CODE SP0700

Defense Supply Center Columbus
P.O. Box 3990
Columbus,OH 43218-3990
Local Administrator: PAABCAB (614)692-3799 / FAX: (614)692-1238
E-mail: Myrtice.Gray@dla.mil

7. ADMINISTERED BY *(If other than 6)* CODE S0707A

DCMA SIKORSKY AIRCRAFT
6900 MAIN ST PO BOX 9731
STRATFORD, CT 06615-9131

CRITICALITY: B

8. DELIVERY FOB
[ ] DEST
[X] OTHER
(See Schedule if other)

9. CONTRACTOR CODE 78286 FACILITY CODE

NAME AND ADDRESS
SIKORSKY AIRCRAFT CORP
6900 MAIN ST
STRATFORD CT 06615-9129

10. DELIVER TO FOB POINT BY *(Date)* *(YYMMMDD)* 120 DAYS ARO

11. MARK IF BUSINESS IS
[ ] SMALL
[ ] SMALL DISADVANTAGED
[ ] WOMEN-OWNED

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 HQ0337

HQ0337 DFAS COLUMBUS CENTER
NORTH ENTITLEMENT OPERATIONS
P O BOX 182266
COLUMBUS OH 43218-2266

EFT: T

MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER

16. TYPE OF ORDER

DELIVERY [X] 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 CQ81G-04 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 *(YYMMMDD)*

[ ] 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: **ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.**	TOTAL: 2			

* *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: Lizz M. Strunze
CONTRACTING/ORDERING OFFICER

25. TOTAL $ 285.98

29. DIFFERENCE

26. QUANTITY IN COLUMN 20 HAS BEEN
[ ] INSPECTED [ ] RECEIVED [ ] ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED

DATE | SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE

27. SHIP. NO.
[ ] PARTIAL
[ ] FINAL

28. D.O. VOUCHER NO.

30. INITIALS

31. PAYMENT
[ ] COMPLETE
[ ] PARTIAL
[ ] FINAL

32. PAID BY

33. AMOUNT VERIFIED CORRECT FOR

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 *(YYMMMDD)*	40. TOTAL CONTAINERS	41. S/R ACCOUNT NUMBER	42. S/R VOUCHER NO.

SECTION B

PR YPC04103000099
NSN 4710-01-499-5722

ITEM DESCRIPTION:

TUBE ASSEMBLY, METAL.

CRITICAL APPLICATION ITEM

SIKORSKY AIRCRAFT CORP (78286) P/N 96307-03510-056

ITEM	PR	PRLI	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001	YPC04103000099	0001	2	EA	$142.99000	$285.98

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

PREP FOR DELIVERY

PKGING DATA - MIL-STD-2073-1D, 15 DEC 1999
QUP = 001: PRES MTHD = AE: CLNG/DRY = 1: PRESV MAT = 00:
WRAP MAT = XX: CUSH/DUNN MAT = NA: CUSH/DUNN THKNESS = X:
UNIT CONT = D3: OPI = O:
INTRMDTE CONT = DO: INTRMDTE CONT QTY = AAA:
PACK CODE = U:
MARKING SHALL BE IN ACCORDANCE WITH MIL-STD-129.
SPECIAL MARKING CODE: 00 - NO SPECIAL MARKING.
PALLETIZATION SHALL BE IN ACCORDANCE WITH DC1636P001 REV E
DATED 3029

For all shipments of packaged materiel to the government, which includes either depot (DLA-direct) or DVD (customer-direct) shipments, both DoD linear and 2-D bar code markings are required on military shipping labels in accordance with MIL-STD-129, revision P, dated December 15, 2002, as amended by Change Notice 1, dated January 15, 2004. 2-D bar coding shall be in accordance with ISO/IEC 15438, ISO/IEC 15434 (ANSI MH10.8.3) and DoD 4500.9-R. MSL linear (code 3 of 9 or code 39) bar coding shall be in accordance with ISO/IEC 16388. MSL label stock quality shall meet MIL-PRF-61002. MSL bar code print quality shall meet ANSI MH10.8-2000 or ANSI X3.182-1990

CONTINUED ON NEXT PAGE

SECTION B

(R2000) for applicable 2-D and/or linear bar codes. All DVD shipments shall meet additional linear bar coding requirements in DLAD 52.211-9008. When the contract/order omits any data element required to be bar-coded, the field shall be zero-filled. These requirements do not apply to delivery orders when the basic contract has not been modified to require MIL-STD-129P. If there are inconsistencies between the schedule and MIL-STD-129P, the schedule takes precedence.

DELIVER FOB: ORIGIN BY: 2004 OCT 22

PARCEL POST ADDRESS:

W25G1U
XU TRANSPORTATION OFFICER
DDSP NEW CUMBERLAND FACILITY
BUILDING MISSION DOOR 113 134
NEW CUMBERLAND PA 17070-5001

FREIGHT SHIPPING ADDRESS:

W25G1U
TRANSPORTATION OFFICER
DDSP NEW CUMBERLAND FACILITY
BUILDING MISSION DOOR 113-134
NEW CUMBERLAND PA 17070-5001

NON-MILSTRIP
PROJ

* *

REMIT PAYMENT TO:

* *

CONTINUED ON NEXT PAGE

A04D01 52.204-9C06 DSCC MASTER SOLICITATION STATEMENT

Full text of all DLAD/DSCC clauses listed within this individual solicitation are contained in the DSCC Master Solicitation, current version found at http://DIBBS.dscc.dla.mil/refs/provclauses .
Also, the full text of FAR/DFARS clauses incorporated by reference may be accessed electronically at http://www.dla.mil/j-3/j-336/icps.htm
The clauses/provisions incorporated by reference have the same force and effect as if they were in full text; however, those having no bearing on the instant acquisition become self-deleting. In the event of an inconsistency between the Master Solicitation and the individual solicitation/award, the provision of the individual solicitation/award shall govern.

SECTION B

Basic Ordering Agreement or Contract Effective Dates
06/01/01 through 05/31/05 .

( ) Price List No. dated **/**/** .

(X) Quote/Ref. No. CQ81G-04 dated 06/18/04 .

(X) FOB Origin - Clin(s) 0001

(X) FOB Origin Shipping Point: STRATFORD, CT

( ) FOB Destination - Clin(s)

( ) PAS Serial No.

( ) NIB/NISH Allocation No.

(X) Firm Fixed Price

( ) Firm Fixed Price w/EPA

SECTION E

E46A02 52.246-2 INSPECTION OF SUPPLIES--FIXED-PRICE (AUG 1996) FAR

E46A17 52.246-15 CERTIFICATE OF CONFORMANCE (APR 1984) FAR

E46D01 52.246-9C01 INSPECTION AT ORIGIN (JUN 2001) DSCC

(c) Inspection Points:

SUPPLIES
(X)(Vendor Fill-in) Same as Offeror
Applicable to CLIN(s): _____ (Vendor Fill-in)
0001

( )(Vendor Fill-in) Other (CAGE, Name, Street Address, City, State and Zip Code)

_____ (Vendor Fill-in)
_____ (Vendor Fill-in)
_____ (Vendor Fill-in)

Applicable to CLIN(s): _____ (Vendor Fill-in)

PACKAGING
(X)(Vendor Fill-in) Same as Offeror
Applicable to CLIN(s): _____ (Vendor Fill-in)
0001

( )(Vendor Fill-in) Same as above

( )(Vendor Fill-in) Other (CAGE, Name, Street Address, City, State and Zip Code)

_____ (Vendor Fill-in)
_____ (Vendor Fill-in)
_____ (Vendor Fill-in)

Applicable to CLIN(s): _____ (Vendor Fill-in)

E46D02 52.246-9C02 ACCEPTANCE AT ORIGIN (NOV 1995) DSCC

SECTION F

F47D01 52.247-9C02 SHIPPING INSTRUCTIONS (DOMESTIC) (MAY 2002) DSCC