

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. SP0960-03-V-8065		2. DELIVERY ORDER NO.		3. DATE OF ORDER (YYMMDD) 2003 SEP 24		4. REQUISITION/PURCH REQUEST NO. YPE03247000027		5. PRIORITY DOA7			
6. ISSUED BY CODE SP0900 Defense Supply Center Columbus 3990 E. Broad St. P.O. Box 16704 Columbus, OH 43216-5010 Local Administrator: PCCCK00 (614)692-8553 / FAX: (614)692-6931 E-mail: Joanne.Bogner@dla.mil				7. ADMINISTERED BY (If other than 6) CODE S3915A CMDR DCMC PHILADELPHIA 700 ROBBINS AVENUE, BLDG 4-A P O BOX 11427 PHILADELPHIA, PA 19111-0427 CRITICALITY: C				8. DELIVERY FOB <input checked="" type="checkbox"/> DEST <input type="checkbox"/> OTHER <i>(See Schedule if other)</i>			
9. CONTRACTOR CODE 7Z016 KAMPI COMPONENT CO 88 CANAL RD FAIRLESS HILLS PA 19030				FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) 190 DAYS ADO		11. MARK IF BUSINESS IS <input checked="" type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED			
NAME AND ADDRESS				12. DISCOUNT TERMS 00.250% 10 days, 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 S33184 DFAS - COLUMBUS CENTER ATTN DFAS BVD/PC/CC 3990 E BROAD ST PO BOX 182317 COLUMBUS OH 43218-6205 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.
	PURCHASE		
Reference your offer dated 2003 SEP 11 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

EG: 97X4930 5CE0 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: 19			

* 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 Troia Braxton PCCHX96		25. TOTAL \$ 4360.88	
		BY:		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		32. PAID BY <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		30. INITIALS	
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____		31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		33. AMOUNT VERIFIED CORRECT FOR	
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.

CONTINUATION SHEET

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Qualification Requirements (FAR 52.209-1) (Feb 1995)
Manufacturer's CAGE: 62794

SECTION B

PR YPE03247000027
NSN 5963-01-220-9449

ITEM DESCRIPTION:

ELECTRONIC MODULE, STANDARDIZED

"UNLESS OTHERWISE SPECIFIED, THE ISSUES OF THE FIRST-TIER REFERENCED DOCUMENTS (SPECIFICATIONS OR COMMERCIAL ITEM DESCRIPTIONS (CIDS)) ARE THOSE LISTED IN THE CURRENT DEPARTMENT OF DEFENSE OF SPECIFICATIONS AND STANDARDS (DODISS) AND ITS LATEST SUPPLEMENT, UNLESS (A) SPECIFIC ISSUES OF THE FIRST-TIER DOCUMENTS ARE SET FORTH IN THE CITED DRAWINGS OR SPECIFICATIONS/CIDS OR (B) DIFFERENT ISSUES THAN THOSE SPECIFIED IN THE DODISS OR IN THE CITED SPECIFICATIONS/CIDS ARE SET FORTH IN THE SOLICITATION."
THE SOLICITATION."

FULL AND OPEN COMPETITION APPLIES.

DLAD 52.246-9004, PRODUCT VERIFICATION TESTING, APPLIES. THIS CLAUSE IS A GOVERNMENT OPTION THAT CAN ONLY BE INVOKED UPON THE COGNIZANT CONTRACT ADMINISTRATION OFFICE NOTIFYING THE CONTRACTOR THAT PVT SAMPLES ARE TO BE SELECTED.

CRITICAL APPLICATION ITEM

I/A/W SPEC NR MILM28787/295A
BASIC DTD 82 OCT 27
AMEND NR 02 DTD 93 APR 28
TYPE NUMBER: M28787/295-2

I/A/W SPEC NR MILM28787D QPL
BASIC DTD 89 MAR 30
AMEND NR DTD
TYPE NUMBER: M28787/295-2

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SECTION B

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001	YPE03247000027	0001	19	EA	\$229.52000	\$4360.88

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 = GX: CLNG/DRY = 1: PRESV MAT = 00:
 WRAP MAT = XX: CUSH/DUNN MAT = XX: CUSH/DUNN THKNSS = X:
 UNIT CONT = D3: OPI = M:
 INTRMDTE CONT = DO: INTRMDTE CONT QTY = AAA:
 PACK CODE = U:
 MARKING SHALL BE IN ACCORDANCE WITH MIL-STD-129.
 SPECIAL MARKING CODE: 39 - MIL-STD-129 ESD SENS ELEC DEV RQMT APPLY

DOD BAR CODE MARKING REQUIRED IN ACCORDANCE WITH
 MIL-STD-129 (LATEST REVISION) MARKING AND BAR
 CODING IN ACCORDANCE WITH AIM BC1.

DELIVER FOB: DESTINATION BY: 2004 APR 01

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 21N

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SECTION B

REMIT PAYMENT TO:

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THE PURCHASE ORDER CLAUSES ARE APPLICABLE AS INDICATED IN THE DSCC MASTER SOLICITATION FOR AUTOMATED SOLICITATIONS AND RESULTING AWARDS REVISION 12 FOUND ON THE DSCC WEB SITE AT <http://dibbs.dscclia.mil/refs/provclauses/>