

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.

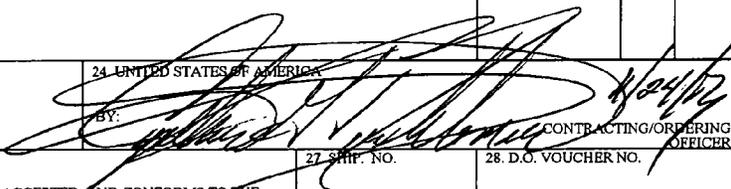
1. CONTRACT/PURCH ORDER NO. DAAH23-99-G-0014		2. DELIVERY ORDER NO. UBQ4		3. DATE OF ORDER (YYMMDD) 2003 NOV 25		4. REQUISITION/PURCH REQUEST NO. YPC03290000882		5. PRIORITY DOC9			
6. ISSUED BY Defense Supply Center Columbus 3990 E. Broad St. P.O. Box 16704 Columbus, OH 43216-5010 Local Administrator: PNNANQ (614)692-7520 / FAX: (614)692-6906 E-mail: Cynthia.Bartholemew@dla.mil			CODE SP0700		7. ADMINISTERED BY (If other than 6) DCMA PHOENIX 2 RENAISSANCE SQUARE 40 N CENTRAL AVE SUITE 400 PHOENIX, AZ 85004-4400			CODE S0302A		8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER <i>(See Schedule if other)</i>	
9. CONTRACTOR MCDONNELL DOUGLAS HELICOPTER CO 5000 E MCDOWELL RD MESA AZ 85215-9797			CODE 8V613		FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) 60 DAYS ADO		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 See Schedule - Do Not Ship to Address in Block 6			CODE		15. PAYMENT WILL BE MADE BY HQ0339 DFAS COLUMBUS CENTER WEST ENTITLEMENT OPERATIONS P O BOX 182381 COLUMBUS OH 43218-2381			CODE HQ0339		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	
EFT: T											

16. 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 NOV 19, Ms. Nanette C. Molina and furnish the following on terms specified herein.								
TYPE OF ORDER		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
	Remarks: CONFIRMING ORDER – DO NOT DUPLICATE 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		25. TOTAL \$ 538.00	
BY: 		CONTRACTING/ORDERING OFFICER		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.		30. INITIALS	
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE		<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY	
36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER		31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		33. AMOUNT VERIFIED CORRECT FOR	
37. RECEIVED AT		38. RECEIVED BY (Print)		34. CHECK NUMBER	
39. DATE RECEIVED (YYMMDD)		40. TOTAL CONTAINERS		35. BILL OF LADING NO.	
		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.	

SECTION B

PR YPC03290000882

CAGE/PN 02731 7311180041

CAGE SDC NAME - ADDRESS

02731 A 5000 E MCDOWELL RD M/S MS10-A386

MESA AZ 85215-9797

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	YPC03290000882	0001	1	EA	\$269.00000	\$269.00

QTY VARIANCE: PLUS 0% MINUS 0%

INSPECTION POINT: ORIGIN

ACCEPTANCE POINT: ORIGIN

EXCEPTION DATA:

NOTE: 11/24/03

THE BOEING COMPANY REFERENCE QUOTE NUMBER: #C03-21548/AOG03165#

THE BOEING COMPANY DATE OF QUOTE: NOVEMBER 19, 2003
-----P/N: 7-311180041-102
-----ITEM: INSULATION

COMPANY: THE BOEING COMPANY

POC: MS. NANETTE C. MOLINA

CONTRACTS AND PRICING ADMINISTRATOR

AEROSPACE SUPPORT CONTRACTS AND PRICING

THE BOEING COMPANY (MESA)

E012, MC M543-D218

PHONE: 1 480 891 7542

FAX: 1 480 891 3623

EMAIL: nanette.c.molina@boeing.com

NOTE 2:

THE BOEING COMPANY IS AUTHORIZED TO SHIP LESS NSN (NATIONAL STOCK
NUMBER) IF ONE HAS NOT BEEN ASSIGNED.

CONTINUED ON NEXT PAGE

SECTION B

NOTE 3:

THE BOEING COMPANY REQUIRED THE TAIL NUMBER.

THE FOLLOWING DATA HAS BEEN PROVIDED BELOW:

A). ACFT AH64, 9000449, A318954

NOTE 4:

THANK YOU.
-----MFC: 02731 P/N: 7-311180041-102
ITEM: INSULATION
TM 1-1520-238-23P
C05 PAGE: 224-1 ITEM: 8
DATA AVAILABLE
O53

PREP FOR DELIVERY

COMMERCIAL PRACTICE PPP WITH MIL-STD-129 MARKING.

DELIVERY FOB: ORIGIN BY: 2004 JAN 24

PARCEL POST ADDRESS:

W25N14
XU CONSOL AND CONTAINERIZATION PT
DDSP NEW CUMBERLAND FACILITY
BLDG 2001 CCP DOOR 135 THRU 168
NEW CUMBERLAND PA 17070-5001

FREIGHT SHIPPING ADDRESS:

CONTACT TRANS OFF AT ADMIN OFF PRIOR TO SHIPMENT

M/F: (TCN) W904RX32880500 XXX
RDD 999/NMCS CONTACT TRANS OFFICE AT ADMIN OFFICE PRIOR TO SHIPMENT
PROJ 9GD TP 1
SUP ADD WK4GEY SIG J

CONTINUED ON NEXT PAGE

SECTION B

FOR DOCUMENT DISTRIBUTION ONLY:

WK4GEY
SR W1KN FSB SUP CO
OPERATION JOINT FORGE
AWCF SSF
APO AE 09789

FOR GOVERNMENT USE ONLY: IPD 02

DIC A05 DIST ADV 2A FC A9

PR YPC03290000882

CAGE/PN 02731 7311180041

CAGE SDC NAME - ADDRESS
02731 A 5000 E MCDOWELL RD M/S MS10-A386
MESA AZ 85215-9797

ITEM DESCRIPTION:

Table with columns: ITEM, PR, PRLI, QUANTITY, UNIT, UNIT PRICE, AMOUNT. Row 1: 0002, YPC03290000882, 0002, 1, EA, \$269.00000, \$269.00

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

EXCEPTION DATA:

B-1. SCHEDULE
ITEM SUPPLIES/SERVICES
NO.

0000 NSN 0273-17-311-1800

NO EXCEPTION DATA FOR THIS PART NBR

CONTINUED ON NEXT PAGE

SECTION B

PREP FOR DELIVERY

COMMERCIAL PRACTICE PPP WITH MIL-STD-129 MARKING.

DELIVERY FOB: ORIGIN BY: 2004 JAN 24

PARCEL POST ADDRESS:

W25N14
XU CONSOL AND CONTAINERIZATION PT
DDSP NEW CUMBERLAND FACILITY
BLDG 2001 CCP DOOR 135 THRU 168
NEW CUMBERLAND PA 17070-5001

FREIGHT SHIPPING ADDRESS:

CONTACT TRANS OFF AT ADMIN OFF PRIOR TO SHIPMENT

M/F: (TCN) W904RX32880501 XXX
RDD 999/NMCS CONTACT TRANS OFFICE AT ADMIN OFFICE PRIOR TO SHIPMENT
PROJ 9FF TP 1
SUP ADD WK4GEY SIG J

FOR DOCUMENT DISTRIBUTION ONLY:

WK4GEY
SR W1KN FSB SUP CO
OPERATION JOINT FORGE
AWCF SSF
APO AE 09789

FOR GOVERNMENT USE ONLY: IPD 02

DIC A05 DIST ADV 2A FC A9

REMIT PAYMENT TO:
