

ORDER FOR SUPPLIES OR SERVICES

(Contractor must submit four copies of invoice.)

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

PAGE 1 OF

2

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. F42600-02-G-0007	2. DELIVERY ORDER NO. UB27	3. DATE OF ORDER (YYMMDD) SEP 25 2003	4. REQUISITION/PURCH REQUEST NO.	5. PRIORITY DO-A7
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6. ISSUED BY DEFENSE SUPPLY CENTER COLUMBUS 3990 E BROAD ST., P O BOX 16704 COLUMBUS OH 43216-5010 614-692-8609 CONTRACT SPECIALIST: RICHARD BEBEL/DSCC-NEB	CODE SP0900	7. ADMINISTERED BY (If other than 6) CMDR DCMC LOCKHEED FT WORTH P O BOX 371 FT WORTH TX 76101-0371 CDC CODE: A PAS: N	CODE S4419A	8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER <small>(See Schedule if other)</small>
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9. CONTRACTOR LOCKHEED MARTIN CORP LOCKHEED MARTIN TACTICAL AIRCRAFT LOCKHEED BLVD., P O BOX 748 FORT WORTH TX 76101	CODE 81755	FACILITY CODE	10. DELIVER TO FOB POINT BY (Date) (YYMMDD) SEP 28 2003 (3)	11. MARK IF BUSINESS (S) <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED
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14. SHIP TO SEE CONTINUATION SHEET(S) ATTACHED	CODE	15. PAYMENT WILL BE MADE BY DFAS - COLUMBUS CENTER ATTN: DFAS-CO/LSCAB P O BOX 182317 COLUMBUS OH 43218-2317	CODE S33184	MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER
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16. DELIVER This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.

TYPE OF PURCHASE ORDER: Reference your 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)
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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 001 260 S33 - 150

16. ITEM NO.	18. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
0001	<p style="font-size: 1.5em;">Switch Radio</p> <p>fob, inspection/acceptance shall be at: Ft Worth TX variation in quantity limited to: increase <u>0</u> %, decrease <u>0</u> % all terms and conditions of the cited boa apply.</p> <p>NOTICE TO CONTRACTORS: This is rated order certified for national defense use, and you are required to follow all provisions of the Defense Priority and Allocation System regulation (15 CFR 350)</p>	1	EA	2300 ⁰⁰	2300 ⁰⁰

* 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 <i>Kimberly M. Watson</i> BY: KIMBERLY M. WATSON CONTRACTING/ORDERING OFFICER	25. TOTAL 2300⁰⁰	29. DIFFERENCE
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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	28. D.O. VOUCHER NO.	30. INITIALS	33. AMOUNT VERIFIED CORRECT FOR
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____	32. PAID BY	34. CHECK NUMBER	
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	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.
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11

11

SEP 14 2003

KIMBERLY M. WATSON
CONTRACTING OFFICER

Continuation Sheet

REFERENCE NO. OF DOCUMENT BEING CONTINUED

F42600-02-G-0007-4827

PAGE OF

2 | 2

PAGES

NAME OF OFFEROR OR CONTRACTOR

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001	<p>PR: ADE03266000071</p> <p>NSN: 5985-01-106-7400</p> <p>Item Name:</p> <p>SWITCH RADIO</p> <p>P/N KR8928-281-96 (91836) or</p> <p>P/N C8903-3 (81755)</p> <p>Best Commercial Packaging</p> <p>SHIPMENT BY PARCEL POST IS NOT PERMITTED FOR THIS ORDER. SHIP FASTEST TRACEABLE MEANS POSSIBLE.</p> <p>Air Freight Address</p> <p>FB4887 56 SUPS LGS BLDG 945 CML PHN 623-856-6036 14171 W STARFIGHTER ST LUKE AFB AZ 85309-1869</p> <p>REC NO. FB488732310221</p> <p>RDD 999</p> <p>SUPP ADD</p> <p>Proj 780</p> <p>SIG A</p> <p>FC 6C</p> <p>FOR GOVERNMENT USE ONLY</p> <p>IPD 02</p> <p>DIC A0A DIST 01</p> <p>ADV</p>	1	EA	\$2,300.00	\$2,300.00