

# 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. <b>N00383-01-G-015N</b>		2. DELIVERY ORDER NO. <b>UZ7P</b>		3. DATE OF ORDER (YYMMDD) <b>2003 NOV 26</b>		4. REQUISITION/PURCH REQUEST NO. <b>YPC03324000724</b>		5. PRIORITY <b>DOA1</b>	
6. ISSUED BY <b>Defense Supply Center Columbus 3990 E. Broad St. P.O. Box 16704 Columbus, OH 43216-5010 Local Administrator: PAABCAB (614)692-3799 / FAX: (614)692-1238 E-mail: Myrtice.Gray@dla.mil</b>				7. ADMINISTERED BY (If other than 6) <b>DCMA SIKORSKY AIRCRAFT 6900 MAIN ST PO BOX 9731 STRATFORD, CT 06615-9131</b>		8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER <small>(See Schedule if other)</small>			
9. CONTRACTOR <b>SIKORSKY AIRCRAFT CORP 6900 MAIN ST STRATFORD CT 06615-9129</b>		CODE <b>78286</b>		FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) <b>187 DAYS ARO</b>		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED	
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>		15. PAYMENT WILL BE MADE BY <b>HQ0337 HQ0337 DFAS COLUMBUS CENTER NORTH ENTITLEMENT OPERATIONS P O BOX 182266 COLUMBUS OH 43218-2266 EFT: T</b>		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	
16. DELIVERY TYPE OF ORDER <input checked="" type="checkbox"/> DELIVERY <input type="checkbox"/> PURCHASE This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. and furnish the following on terms specified herein. Reference your <b>offer dated 2003 NOV 24, SPQS</b> 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									
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE <b>CG: 97X4930 SCC0 001 26.0 S33150</b>									
18. ITEM NO.									
19. SCHEDULE OF SUPPLIES/SERVICE									
20. QUANTITY ORDERED/ACCEPTED*									
21. UNIT									
22. UNIT PRICE									
23. AMOUNT									
Remarks: <b>ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.</b>									
24. UNITED STATES OF AMERICA BY: 									
25. TOTAL \$ <b>422.12</b>									
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.									
28. D.O. VOUCHER NO.									
29. DIFFERENCE									
30. INITIALS									
31. PAYMENT <input type="checkbox"/> PARTIAL <input type="checkbox"/> 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 (YYMMDD)									
40. TOTAL CONTAINERS									
41. S/R ACCOUNT NUMBER									
42. S/R VOUCHER NO.									

## SECTION B

PR YPC03324000724  
NSN 4710-01-195-4232

## ITEM DESCRIPTION:

TUBE ASSEMBLY, METAL ALUM-ALLOY, 0.375 IN. OD.,  
0.035 IN. WALL THK., PREBENT.  
(THD SIZE 9/16-18 UNJF 3B)  
END ITEM: SH-60 HELICOPTER PITOT STATIC SYS.

CLASS 3 THREADS APPLY TO THIS NSN.

DLAD CLAUSE 52.246-9004, PRODUCT VERIFICATION  
TESTING, IS HEREBY INCORPORATED, AND MAY BE  
INVOKED AT THE DISCRETION OF THE PROCUREMENT  
ACTIVITY.

## CRITICAL APPLICATION ITEM

SIKORSKY AIRCRAFT CORP (78286) P/N 70450-01059-086

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
2001	YPC03324000724	0001	4	EA	\$105.53000	\$422.12

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 = 00: CUSH/DUNN MAT = 00: CUSH/DUNN THKNSS = 0:  
UNIT CONT = 00: OPI = 0:  
INTRMDTE CONT = ED: 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

CONTINUED ON NEXT PAGE

SECTION B

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

DELIVER FOB: ORIGIN BY: 2004 MAY 31

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

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REMIT PAYMENT TO:

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