

**Lowery, Jevene E (DSCC)**

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**From:** FACSys Fax Connector (COL1SMX09) [FACSys Fax Connector@]  
**Sent:** Wednesday, February 25, 2004 2:32 PM  
**To:** Lowery, Jevene E (DSCC)  
**Subject:** Delivered: CONFIRMING ORDER ON F42600-02-G-0007-UB1U. THANKS, JEVENE LOWERY

**Subject:** CONFIRMING ORDER ON F42600-02-G-0007-UB1U. THANKS, JEVENE LOWERY  
**Scheduled At:** Wednesday, February 25, 2004 2:23 PM  
**Serviced By:** FACSys server COL1SMF01

Sent successfully to **GOVERNMENT SALES @ LOCKHEED MARTIN (81755) @ (7,817) 7626773** on Wednesday, February 25, 2004 2:26:16 PM  
Pages:4. Connect time: 05:46. Re-dials: 1. Remote CSI:. Billing: .

# 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  
**3**

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.<br><b>F42600-02-G-0007</b>  |  | 2. DELIVERY ORDER NO.<br><b>UB1U</b>  |  | 3. DATE OF ORDER (YYMMDD)<br><b>2004 FEB 27</b>  |  | 4. REQUISITION/PURCH REQUEST NO.<br><b>YPC03329000370</b>   |  | 5. PRIORITY<br><b>DOA1</b>                  |  |
| 6. ISSUED BY<br><b>Defense Supply Center Columbus<br/>3990 E. Broad St.<br/>P.O. Box 16704<br/>Columbus, OH 43216-5010<br/>Local Administrator: PAABCAG (614)692-2945 / FAX: (614)692-1238<br/>E-mail: Ellen.L.Williams@dla.mil</b> |  |   |  | 7. ADMINISTERED BY (If other than 6)<br><b>DCMC LOCKHEED MARTIN<br/>FT WORTH ATTN DSMDW-RJO<br/>PO BOX 371 MAIL ZONE 2160<br/>FORT WORTH TX 76101-0371</b> |  | 8. DELIVERY FOB<br><input type="checkbox"/> DEST<br><input checked="" type="checkbox"/> OTHER<br><i>(See Schedule if other)</i> |  |   |  |
| 9. CONTRACTOR<br><b>LOCKHEED MARTIN CORPORATION<br/>DBA LOCKHEED MARTIN AERONAUTICS<br/>LOCKHEED BLVD. P.O. BOX 748<br/>FORT WORTH TX 76101-0748</b>  |  | 10. DELIVER TO FOB POINT BY (Date) (YYMMDD)<br><b>428 DAYS ARO</b>  |  | 11. MARK IF BUSINESS IS<br><input type="checkbox"/> SMALL<br><input type="checkbox"/> SMALL DISADVANTAGED<br><input type="checkbox"/> WOMEN-OWNED          |  | 12. DISCOUNT TERMS<br><b>NET 30 days</b>  |  | 13. MAIL INVOICES TO<br><b>See Block 15</b> |  |
| 14. SHIP TO<br><b>See Schedule - Do Not Ship to Address in Block 6</b>  |  | 15. PAYMENT WILL BE MADE BY<br><b>ATTN DFAS CO BVDPPCC/CC CONSTRUCTION<br/>3990 E BROAD ST PO BOX 182317<br/>COLUMBUS OH 43218-6203</b> |  | 16. MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER   |  |   |  |   |  |

|                   |  |                                   |   |  |  |  |  |  |  |
|-------------------|--|-----------------------------------|---|--|--|--|--|--|--|
| 16. TYPE OF ORDER | DELIVERY <input checked="" type="checkbox"/> | PURCHASE <input 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. Reference your <b>offer dated 2004 FEB 11, 04-P-46041</b> 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  
**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:<br><b>CONFIRMING ORDER -- DO NOT DUPLICATE<br/>           ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO<br/>           COST TO THE GOVERNMENT.</b> | <b>TOTAL:<br/>4</b>            |          |                |            |

|  |  |  |  |                              |  |
|--|--|--|--|------------------------------|--|
| * 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<br>BY <i>Juvenal Howery</i> CONTRACTING/ORDERING OFFICER                                  |  | 25. TOTAL \$ <b>1024.92</b>  |  |
| 26. QUANTITY IN COLUMN 20 HAS BEEN<br><input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED |  | 27. SHIP. NO.<br><input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL                                    |  | 28. D.O. VOUCHER NO.         |  |
| DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____   |  | 31. PAYMENT<br><input type="checkbox"/> COMPLETE<br><input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL |  | 32. PAID BY _____            |  |
| 36. I certify this account is correct and proper for payment.<br>DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____  |  | 33. AMOUNT VERIFIED CORRECT FOR  |  | 34. CHECK NUMBER             |  |
| 37. RECEIVED AT _____  |  | 38. RECEIVED BY (Print) _____  |  | 35. BILL OF LADING NO.       |  |
| 39. DATE RECEIVED (YYMMDD) _____   |  | 40. TOTAL CONTAINERS _____   |  | 41. S/R ACCOUNT NUMBER _____ |  |
| 42. S/R VOUCHER NO. _____  |  |  |  |                              |  |

## SECTION B

PR YPC03329000370  
 NSN 4710-01-044-1906

## ITEM DESCRIPTION:

TUBE ASSEMBLY, METAL  
 END ITEM: F-16 AIRCRAFT.  
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## CRITICAL APPLICATION ITEM

LOCKHEED MARTIN CORPORATION (81755) P/N 16P054-5

| <u>ITEM</u> | <u>PR</u>      | <u>PRLI</u> | <u>QUANTITY</u> | <u>UNIT</u> | <u>UNIT PRICE</u> | <u>AMOUNT</u> |
|-------------|----------------|-------------|-----------------|-------------|-------------------|---------------|
| 0001        | YPC03329000370 | 0001        | 4               | EA          | \$256.23000       | \$1024.92     |

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 = XX: CUSH/DUNN THKNESS = X:  
 UNIT CONT = E5: OPI = O:  
 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

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: 2005 APR 30

PARCEL POST ADDRESS:

CONTINUED ON NEXT PAGE

SECTION B

W62G2T  
XU DEF DIST DEPOT SAN JOAQUIN  
TRANSPORTATION OFFICER  
PO BOX 960001  
STOCKTON CA 95296-0130

FREIGHT SHIPPING ADDRESS:

W62G2T  
XU DEF DIST DEPOT SAN JOAQUIN  
25600 S CHRISMAN ROAD  
REC WHSE 10 PH 209 839 4307  
TRACY CA 95376-5000

NON-MILSTRIP  
PROJ NS1

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REMIT PAYMENT TO:

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