ORDER FOR SUPPLIES OR SERVICES

(Contractor must submit four copies of invoice.)

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

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.: UB2H
3. DATE OF ORDER (YYMMMDD): FEB 27 2004
4. REQUISITION/PURCH REQUEST NO.:
5. PRIORITY: DO-A7

6. ISSUED BY — CODE SP0900
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

7. ADMINISTERED BY (If other than 6) — CODE S4419A
CMDR DCMC LOCKHEED FT WORTH
P O BOX 371
FT WORTH TX 76101-0371
CDC CODE: A PAS: N

8. DELIVERY FOB: [ ] DEST [X] OTHER (See Schedule if other)

9. CONTRACTOR — CODE 81755 — FACILITY CODE
NAME AND ADDRESS:
LOCKHEED MARTIN CORP
LOCKHEED MARTIN TACTICAL AIRCRAFT
LOCKHEED BLVD., P O BOX 748
FORT WORTH TX 76101

10. DELIVER TO FOB POINT BY (Date) (YYMMMDD): MAR 18 2004 (20)
11. MARK IF BUSINESS IS: [ ] SMALL [ ] SMALL DISADVANTAGED [ ] WOMEN-OWNED
12. DISCOUNT TERMS: NET 30 DAYS
13. MAIL INVOICES TO: SAME AS PAYMENT OFFICE

14. SHIP TO — CODE
SEE CONTINUATION SHEET(S) ATTACHED

15. PAYMENT WILL BE MADE BY — CODE S33184
DFAS - COLUMBUS CENTER
ATTN: DFAS-CO/LSCAB
P O BOX 182317
COLUMBUS OH 43218-2317

MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER

16. TYPE OF ORDER: DELIVER [X] PURCHASE [ ]
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 ____ 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 (YYMMMDD) ____

[ ] 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

18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
0001	Switch Assy fob, inspection/acceptance shall be at: Fort Worth TX variation in quantity limited to: increase 0 %, decrease 0 % all terms and conditions of the cited boa apply. 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	1	EA	4123 63	4123 63

* 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
BY: Kimberly M. Watson KIMBERLY M. WATSON CONTRACTING OFFICER — FEB 27 2004 — CONTRACTING/ORDERING OFFICER

25. TOTAL: 4123 63
29. DIFFERENCE:

26. QUANTITY IN COLUMN 20 HAS BEEN: [ ] INSPECTED [ ] RECEIVED [ ] ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED
DATE ____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE ____

27. SHIP. NO. ____ [ ] PARTIAL [ ] FINAL
28. D.O. VOUCHER NO.
30. INITIALS
32. PAID BY
33. AMOUNT VERIFIED CORRECT FOR
31. PAYMENT: [ ] COMPLETE [ ] PARTIAL [ ] FINAL
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 (YYMMMDD)
40. TOTAL CONTAINERS
41. S/R ACCOUNT NUMBER
42. S/R VOUCHER NO.

Continuation Sheet	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAG	OF	
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NAME OF OFFEROR OR CONTRACTOR

ITEM NO	SUPPLIES/SERVICES.	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001	**PR:** ADE04057000124 **NSN:** 5930011585511 **Item Name:** SWITCH, ASSY **P/N** 16F4469-801	1	EA	4123.63	4123.63
	Best Commercial Packaging				
	SHIPMENT BY PARCEL POST IS NOT PERMITTED FOR THIS ORDER. SHIP FASTEST TRACEABLE MEANS POSSIBLE.				
	Air Freight Address MENLO GLOBAL LOGISTICS (ATTN: TWAN TUCKER, NORWEGIAN SPECIALIST) 718 SOUTH FULTON AVE. MT. VERNON, NY 10550				
	REC NO. DNOX5V40545100				
	RDD N **SUPP ADD** DA5KEN **Proj** **SIG** L **FC** NL				
	FOR GOVERNMENT USE ONLY				
	IPD 02 **DIC** A31 **DIST** N01 **ADV**				