

Att: Barbara Boyer Fax 203-386-7548

090816

**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  
**5**

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>UZH2</b>		3. DATE OF ORDER (YYMMDD) <b>2004 FEB 27</b>		4. REQUISITION/PURCH REQUEST NO. <b>YPC04028000170</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>			CODE <b>SP0700</b>		7. ADMINISTERED BY (If other than 6) <b>DCMA SIKORSKY AIRCRAFT 6900 MAIN ST PO BOX 9731 STRATFORD, CT 06615-9131</b>			CODE <b>S0707A</b>		8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER (See Schedule if other)
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>308 DAYS ADO</b>		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 <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:  DELIVERY,  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 **offer dated 2004 JAN 21, SPQS 2/18/04-682** 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): \_\_\_\_\_

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
	<b>Remarks: CONFIRMING ORDER -- DO NOT DUPLICATE ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.</b>	<b>TOTAL: 13</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 BY: <i>Mary Satman</i> CONTRACTING/ORDERING OFFICER		25. TOTAL \$ <b>3155.10</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.		29. DIFFERENCE	
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____		<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		30. INITIALS	
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		32. PAID BY	
37. RECEIVED AT		38. RECEIVED BY (Print)		33. AMOUNT VERIFIED CORRECT FOR	
39. DATE RECEIVED (YYMMDD)		40. TOTAL CONTAINERS		34. CHECK NUMBER	
		41. S/R ACCOUNT NUMBER		35. BILL OF LADING NO.	
		42. S/R VOUCHER NO.			

All Terms and Conditions apply as agreed in the Basic Ordering Agreement  
N0038301G015N effective 6/1/2001 through 5/31/2004.

COC is Authorized per FAR 52.246-15.

F02 - Variation in Quantity (FAR 52.211-16) (APR 1984) applies to this  
order with a 10% increase or decrease in quantities authorized.

Thank you for helping us serve our Military Customer .Mary Tatman, AABB6

**SECTION B**

PR YPC04028000170  
NSN 3040-01-092-2078

## ITEM DESCRIPTION:

CONNECTING LINK, RIGID.  
FLIGHT SAFETY CRITICAL AIRCRAFT PART.  
SQAP-FSP-0001 AND SQAP-SPC-0415 APPLY  
IF AQLS ARE LISTED IN THE SPECIFICATION(S)  
OR DRAWING(S) THEY MAY BE USED TO ESTABLISH THE  
AUTHORIZED SAMPLE SIZE, HOWEVER, THE ACCEPTANCE  
NUMBER FOR THIS CONTRACT IS ZERO; I.E., THIS  
CONTRACT REQUIRES A SAMPLING PLAN THAT ACCEPTS  
ON ZERO DEFECTS AND REJECTS ON ONE OR MORE  
DEFECT(S).

THE INTERNATIONAL ORGANIZATION FOR  
STANDARDIZATION (ISO) 9002 OR A "TAILORED"  
PROGRAM MEETING THE FOLLOWING ISO 9002

PARAGRAPHS APPLIES:

4.5, DOCUMENT CONTROL: LIMITED TO INSPECTION  
AND TESTING AS WELL AS APPLICABLE DRAWINGS,  
SPECIFICATIONS AND INSTRUCTIONS REQUIRED BY  
CONTRACT  
4.6, PURCHASING: 4.6.1 AND LIMITED TO 4.6.2 A)  
AND 4.6.4.2, ALL OTHER PARTS OF PARAGRAPH  
ARE HEREBY DELETED  
4.7, CUSTOMER-SUPPLIED PRODUCT:  
4.8, PRODUCT IDENTIFICATION & TRACEABILITY:  
4.10, INSPECTION & TESTING:  
4.11, INSPECTION, MEASURING & TEST EQUIPMENT:  
4.12, INSPECTION AND TEST STATUS:  
4.13, CONTROL OF NONCONFORMING PRODUCT:  
4.14, CORRECTIVE AND PREVENTIVE ACTION:  
PARAGRAPH 4.14.3 APPLY TO PRODUCT ONLY  
4.16, QUALITY RECORDS:  
FAR CLAUSE 52.246-11 APPLIES

"ASO/NAVSEA/AVSCOM CRITICAL ITEM"

DLAD 52.246-9000, CERTIFICATE OF QUALITY  
COMPLIANCE APPLIES. DLAD 52.246-9003,  
MEASURING AND TEST EQUIPMENT APPLIES.  
DLAD CLAUSE 52.246-9004, PRODUCT VERIFICATION  
TESTING, IS HEREBY INCORPORATED, AND MAY BE  
INVOKED AT THE DISCRETION OF THE PROCUREMENT  
ACTIVITY IF THIS SOLICITATION/AWARD CALLS  
FOR GOVERNMENT INSPECTION AT SOURCE.

CRITICAL APPLICATION ITEM

CONTINUED ON NEXT PAGE

## SECTION B

TRANSDIGM INC (04638) P/N 1100020-046  
 WESTERN SKY INDUSTRIES (34742) P/N 2012-5  
 SIKORSKY AIRCRAFT CORP (78286) P/N 70400-01250-046  
 SHUR-LOK CORP. (97393) P/N SR10989A

I/A/W DRAWING NR 16236 SQAP-FSP-0001 (QE-STD-1)

REFNO DTD 97 MAR 07

AMEND NR A DTD 99 MAR 30

TYPE NUMBER:

SUPPLEMENTARY QUALITY ASSURANCE PROVISIONS  
(SQAP) OR QUALITY ASSURANCE PROVISIONS (QAP)

I/A/W DRAWING NR 16236 SQAP-SPC-0415

REFNO DTD 94 SEP 27

AMEND NR A DTD 94 SEP 27

TYPE NUMBER:

SUPPLEMENTARY QUALITY ASSURANCE PROVISIONS  
(SQAP) OR QUALITY ASSURANCE PROVISIONS (QAP)

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
2001	YPC04028000170	0001	13	EA	\$242.70000	\$3155.10

QTY VARIANCE: PLUS 10% MINUS 10%  
 INSPECTION POINT: ORIGIN  
 ACCEPTANCE POINT: ORIGIN

PREP FOR DELIVERY

PKGING DATA - MIL-STD-2073-1D, 15 DEC 1999

QUP = 001: PRES MTHD = 41: CLNG/DRY = 1: PRESV MAT = XX:

WRAP MAT = XX: CUSH/DUNN MAT = XX: CUSH/DUNN THKNSS = 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

SUPPLEMENTAL INSTRUCTIONS

'EACH UNIT PACKAGE WILL BE MARKED WITH THE NSN,  
CONTRACT NUMBER, LOT NUMBER, CONTRACTOR CAGE  
CODE, MANUFACTURER CAGE CODE, AND PART NUMBER'.

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 DEC 31

CONTINUED ON NEXT PAGE

SECTION B

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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