

# 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

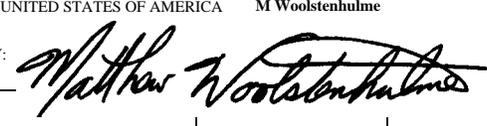
**4**

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>F34601-01-G-0007</b>		2. DELIVERY ORDER NO. <b>UB5V</b>		3. DATE OF ORDER (YYMMDD) <b>2004 JAN 28</b>		4. REQUISITION/PURCH REQUEST NO. <b>YPE03314000383</b>		5. PRIORITY <b>DOA7</b>	
6. ISSUED BY <b>Defense Supply Center Columbus 3990 E. Broad St. P.O. Box 16704 Columbus, OH 43216-5010 Local Administrator: PCCPANK (614)692-7881 / FAX: (614)692-6915 E-mail: Donna.Favors@dla.mil</b>			CODE <b>SP0900</b>	7. ADMINISTERED BY (If other than 6) <b>DCMA CHICAGO 1523 WEST CENTRAL ROAD, BLDG. 203 ARLINGTON HEIGHTS, IL 60005-2451</b>			CODE <b>S1403A</b>	8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER <small>(See Schedule if other)</small>	
9. CONTRACTOR <b>NORTHROP GRUMMAN SYSTEMS CORPORATION - ES-DSD 600 HICKS RD ROLLING MEADOWS IL 60008-1098</b>			CODE <b>26916</b>	FACILITY CODE	10. DELIVER TO FOB POINT BY (Date) (YYMMDD) <b>260 DAYS ADO</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>	
14. SHIP TO <b>See Schedule - Do Not Ship to Address in Block 6</b>			CODE	15. PAYMENT WILL BE MADE BY <b>HQ0339 DFAS COLUMBUS CENTER WEST ENTITLEMENT OPERATIONS P O BOX 182381 COLUMBUS OH 43218-2381</b>			CODE <b>HQ0339</b>	13. MAIL INVOICES TO <b>See Block 15</b>	
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 JAN 19, Q3105</b> and furnish the following on terms specified herein. <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.</b>									
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE <b>EG: 97X4930 SCE0 001 26.0 S33150</b>									
18. 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:									

18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
	<b>Remarks: ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.</b>	<b>TOTAL: 5</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 <b>M Woolstenhulme</b> PCCPALU		25. TOTAL <b>\$ 1330.00</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		BY: 		29. DIFFERENCE	
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____		32. PAID BY <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		33. AMOUNT VERIFIED CORRECT FOR	
37. RECEIVED AT		38. RECEIVED BY (Print)		34. CHECK NUMBER	
39. DATE RECEIVED (YYMMDD)		40. TOTAL CONTAINERS		35. BILL OF LADING NO.	
41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.			

## SECTION B

PR YPE03314000383  
NSN 5950-01-428-3991

## ITEM DESCRIPTION:

TRANSFORMER, CURRENT

NOTE: THE CITED DRAWING IS A SOURCE CONTROLLED DRAWING AND AS OF THE DATE OF THIS SOLICITATION ONLY THE SOURCE(S) CITED ON THE DRAWING HAVE BEEN APPROVED. EVEN THOUGH SOURCES AND APPROVED PART NUMBERS ARE PROVIDED, THE ITEMS FURNISHED MUST MEET THE REQUIREMENTS OF THE CITED DRAWING. OFFERORS WHO ARE INTERESTED IN QUALIFYING THEIR PRODUCT FOR PURPOSE OF FUTURE ACQUISITION MUST CONTACT THE COGNIZANT DESIGN ACTIVITY SPECIFIED ON THE SOURCE CONTROLLED DRAWING. ALSO, MAY INCLUDE ADDITIONAL APPROVED SOURCES THAT HAVE NOT BEEN REFLECTED ON THE DRAWING AT THIS TIME.

THIS ITEM MUST BE MANUFACTURED IN ACCORDANCE WITH THE LIMITED RIGHTS DATA LISTED. THE GOVERNMENT CANNOT PROVIDE THE DATA. ONLY THOSE VENDORS WHO HAVE ACCESS TO THE DATA SHOULD QUOTE.

CRITICAL APPLICATION ITEM

NORTHROP GRUMMAN SYSTEMS CORPORATIO (26916) P/N 050-005201-001

I/A/W DRAWING NR 26916 050-005201  
BASIC DTD 92 APR 19  
AMEND NR C DTD 94 FEB 08  
TYPE NUMBER: 050-005201-001  
SOURCE CONTROL

All terms and conditions of cited BOA apply.  
Northrop Grumman's Vanishing Vendor Clause, Exhibit 1 of quote Q3105, is incorporated by reference.

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SECTION B

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001	YPE03314000383	0001	5	EA	\$266.00000	\$1330.00

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 = 31: CLNG/DRY = 1: PRESV MAT = 00:  
 WRAP MAT = 00: CUSH/DUNN MAT = NA: CUSH/DUNN THKNESS = X:  
 UNIT CONT = XX: OPI = 0:  
 INTRMDTE CONT = DO: INTRMDTE CONT QTY = 100:  
 PACK CODE = U:  
 MARKING SHALL BE IN ACCORDANCE WITH MIL-STD-129.  
 SPECIAL MARKING CODE: 00 - NO SPECIAL MARKING.

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 OCT 14

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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SECTION B

REMIT PAYMENT TO:

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