

# 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>DAAH23-99-G-0014</b>		2. DELIVERY ORDER NO. <b>UBL9</b>		3. DATE OF ORDER (YYMMDD) <b>2003 OCT 28</b>		4. REQUISITION/PURCH REQUEST NO. <b>YPC03247001105</b>		5. PRIORITY <b>DOC9</b>			
6. ISSUED BY CODE <b>SP0700</b> <b>Defense Supply Center Columbus 3990 E. Broad St. P.O. Box 16704 Columbus, OH 43216-5010 Local Administrator: PNNNAKF (614)692-7521 / FAX: (614)692-6906 E-mail: Benita.Umoren@dla.mil</b>				7. ADMINISTERED BY (If other than 6) CODE <b>S0302A</b> <b>DCMA PHOENIX 2 RENAISSANCE SQUARE 40 N CENTRAL AVE SUITE 400 PHOENIX, AZ 85004-4400</b>				8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER <i>(See Schedule if other)</i>			
9. CONTRACTOR CODE <b>8V613</b> <b>MCDONNELL DOUGLAS HELICOPTER COMPAN 5000 E MCDOWELL ROAD MESA AZ 85215-9797</b>				FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) <b>375 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 CODE <b>See Schedule - Do Not Ship to Address in Block 6</b>				15. PAYMENT WILL BE MADE BY CODE <b>HQ0339</b> <b>HQ0339 DFAS COLUMBUS CENTER WEST ENTITLEMENT OPERATIONS P O BOX 182381 COLUMBUS OH 43218-2381 EFT: T</b>				MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER			

16. TYPE OF ORDER	DELIVERY <input checked="" 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>#C03-20983/4154-12704</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>
	PURCHASE <input type="checkbox"/>	

NAME OF CONTRACTOR <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:	SIGNATURE	TYPED NAME AND TITLE	DATE SIGNED (YYMMDD)
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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: ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.</b>	<b>TOTAL: 1</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>Benita Umoren</i> 10/22/03 CONTRACTING/ORDERING OFFICER		25. TOTAL \$ <b>1599.00</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		27. SHIP. NO.		28. D.O. VOUCHER NO.	
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____		<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY	
36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____		<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.	

CONTINUATION SHEET

Order Number:

DAAH23-99-G-0014-UBL9

PAGE OF PAGES

2

4

AUTHORIZED TO SHIP LESS NSN.

## SECTION B

PR YPC03247001105

CAGE/PN 02731 731151118

CAGE SDC NAME - ADDRESS

02731 A 5000 E MCDOWELL RD M/S MS10-A386

MESA AZ 85215-9797

ITEM DESCRIPTION:

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001	YPC03247001105	0001	1	EA	\$1599.00000	\$1599.00

QTY VARIANCE: PLUS 0% MINUS 0%

INSPECTION POINT: ORIGIN

ACCEPTANCE POINT: ORIGIN

EXCEPTION DATA:

BRACKET ASSEMBLY CRANK COLLECTIVE AH 64 APACHE HELICOPTER  
P/N 7-311511187

PREP FOR DELIVERY

COMMERCIAL PRACTICE PPP WITH MIL-STD-129 MARKING.

DELIVERY FOB: ORIGIN BY: 2004 NOV 06

PARCEL POST ADDRESS:

W25N14  
XU CONSOL AND CONTAINERIZATION PT  
DDSP NEW CUMBERLAND FACILITY  
BLDG 2001 CCP DOOR 135 THRU 168  
NEW CUMBERLAND PA 17070-5001

FREIGHT SHIPPING ADDRESS:

CONTACT TRANS OFF AT ADMIN OFF PRIOR TO SHIPMENT

CONTINUED ON NEXT PAGE

SECTION B

M/F: (TCN) W904RX32450501 XXX  
RDD 999/NMCS CONTACT TRANS OFFICE AT ADMIN OFFICE PRIOR TO SHIPMENT  
PROJ 9FF TP 1  
SUP ADD WK4GEY SIG J

FOR DOCUMENT DISTRIBUTION ONLY:

WK4GEY  
SR W1KN FSB SUP CO  
OPERATION JOINT FORGE  
AWCF SSF  
APO AE 09789

FOR GOVERNMENT USE ONLY: IPD 02

DIC A05 DIST ADV 2A FC A9

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REMIT PAYMENT TO:

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