

ORDER FOR SUPPLIES OR SERVICES

(Contractor must submit four copies of invoice.)

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

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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. F34601-01-G-0011		2. DELIVERY ORDER NO. UBP9		3. DATE OF ORDER (YYMMDD)		4. REQUISITION/PURCH REQUEST NO. YPE03255000423		5. PRIORITY DOC9	
6. ISSUED BY 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				CODE SP0900		7. ADMINISTERED BY (If other than 6) CODE S4801A		8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER <i>(See Schedule if other)</i>	
9. CONTRACTOR THE BOEING COMPANY 7755 E MARGINAL WAY P.O. BOX 3999 SEATTLE WA 98124-2499				CODE 81205		FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) 185 DAYS ADO	
NAME AND ADDRESS				CRITICALITY: C		12. DISCOUNT TERMS NET 30 days		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED	
14. SHIP TO See Schedule - Do Not Ship to Address in Block 6				CODE		15. PAYMENT WILL BE MADE BY CODE HQ0339		13. MAIL INVOICES TO See Block 15	
						MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER			

16. 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.							
TYPE OF ORDER		Reference your PROPOSAL # OKDC-03269 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.							

<input type="checkbox"/> 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

EG: 97X4930 SCE0 001 26.0 S33150

18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
	Remarks: ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.	TOTAL: 1			

* 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		25. TOTAL \$ 522.32	
		BY: <i>Benita Umoren</i> 10/21/03		29. DIFFERENCE	
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.		30. INITIALS	
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.		31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		33. AMOUNT VERIFIED CORRECT FOR	
DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____				34. CHECK NUMBER	
37. RECEIVED AT		38. RECEIVED BY (Print)		35. BILL OF LADING NO.	
		39. DATE RECEIVED (YYMMDD)		42. S/R VOUCHER NO.	
		40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER	

CONTINUATION SHEET

Order Number:

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AUTHORIZED SHIP LESS NSN.

SECTION B

PR YPE03255000423

CAGE/PN 82918 458548056

CAGE SDC NAME - ADDRESS
 82918 A 3801 S OLIVER ST
 WICHITA KS 67210-2196

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	YPE03255000423	0001	1	EA	\$522.32000	\$522.32

QTY VARIANCE: PLUS 0% MINUS 0%
 INSP/ACCEP POINT: I/A/W FAST PAY PROCEDURES

EXCEPTION DATA:

CONNECTOR PLUG P/N 458-54805-6

PREP FOR DELIVERY

COMMERCIAL PACKAGING IS ACCEPTABLE.

DELIVERY FOB: ORIGIN BY:

PARCEL POST ADDRESS:

FB4621
 FB4621 22 LRS LGS
 CML PHN 316 759 5588
 53057 HUTCHINSON ST STE 210
 MCCONNELL AFB KS 67221-3622

FREIGHT SHIPPING ADDRESS:

CONTACT TRANS OFF AT ADMIN OFF PRIOR TO SHIPMENT

CONTINUED ON NEXT PAGE

SECTION B

M/F: (TCN) FB462132540258 XXX
RDD 300 CONTACT TRANS OFFICE AT ADMIN OFFICE PRIOR TO SHIPMENT
PROJ TP 2
SUP ADD SIG A

ADDED MARKING FOR FREIGHT SHIPPING ADDRESS:

FB4621

FOR GOVERNMENT USE ONLY: IPD 05

DIC A05 DIST ADV FC 6C

REMIT PAYMENT TO:
