

# 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.<br><b>N00383-00-G-015F</b>  |  | 2. DELIVERY ORDER NO.<br><b>UB4S</b> |  | 3. DATE OF ORDER (YYMMDD)<br><b>2003 AUG 29</b>  |  | 4. REQUISITION/PURCH REQUEST NO.<br><b>NPE03197000323</b>          |  | 5. PRIORITY<br><b>DOA7</b>  |  |
| 6. ISSUED BY<br>CODE <b>SP0900</b><br><b>Defense Supply Center Columbus<br/>3990 E. Broad St.<br/>P.O. Box 16704<br/>Columbus, OH 43216-5010<br/>Local Administrator: PCCSCES (614)692-7827 / FAX: (614)692-6922<br/>E-mail: Melissa.Kirk@dla.mil</b> |  |                                      |  | 7. ADMINISTERED BY (If other than 6) CODE <b>S1501A</b><br><b>CMDR DCMC INDIANAPOLIS<br/>EMMETT J. BEAN CENTER<br/>8899 EAST 56TH ST<br/>INDIANAPOLIS, IN 46249-5701</b> |  |  |  | 8. DELIVERY FOB<br><input type="checkbox"/> DEST<br><input checked="" type="checkbox"/> OTHER<br><i>(See Schedule if other)</i>                   |  |
| 9. CONTRACTOR CODE <b>072E5</b><br><b>RAYTHEON TECHNICAL SERVICES CO DIV<br/>ENGINEERING AND PRODUCTION SUPPORT<br/>6125 E 21ST STREET<br/>INDIANAPOLIS IN 46219-2058</b>   |  |                                      |  | FACILITY CODE  |  | 10. DELIVER TO FOB POINT BY (Date) (YYMMDD)<br><b>457 DAYS ADO</b> |  | 11. MARK IF BUSINESS IS<br><input type="checkbox"/> SMALL<br><input type="checkbox"/> SMALL DISADVANTAGED<br><input type="checkbox"/> WOMEN-OWNED |  |
| NAME AND ADDRESS  |  |                                      |  | 12. DISCOUNT TERMS<br><b>NET 30 days</b>   |  | 13. MAIL INVOICES TO<br><b>See Block 15</b>                        |  |   |  |
| 14. SHIP TO CODE<br><b>See Schedule - Do Not Ship to Address in Block 6</b>   |  |                                      |  | 15. PAYMENT WILL BE MADE BY CODE <b>HQ0337</b><br><b>HQ0337 DFAS COLUMBUS CENTER<br/>NORTH ENTITLEMENT OPERATIONS<br/>P O BOX 182266<br/>COLUMBUS OH 43218-2266</b>      |  |  |  | MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER  |  |
| EFT: T  |  |                                      |  |  |  |  |  |   |  |

|                   |          |                                     |  |
|-------------------|----------|-------------------------------------|--|
| 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.<br>Reference your <b>offer dated 2003 AUG 19, ODVRC002-919</b> and furnish the following on terms specified herein.<br><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 |                                     |  |

|  |           |                      |                      |
|--|-----------|----------------------|----------------------|
| 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: |           |                      |                      |

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 |
|--------------|--|--------------------------------|----------|----------------|------------|
|              | <b>Remarks:<br/>ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.</b> | <b>TOTAL:<br/>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>Charles Tiggs</b> PCCSAKQ  |                      | 25. TOTAL \$ <b>54863.30</b>    |                     |
| 26. QUANTITY IN COLUMN 20 HAS BEEN<br><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 _____   |                         | TRACTING/ORDERING OFFICER<br>NUMBER NO. _____  |                      | 30. INITIALS                    |                     |
| 36. I certify this account is correct and proper for payment.<br>DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____  |                         | 32. PAID BY<br><input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL                                   |                      | 33. AMOUNT VERIFIED CORRECT FOR |                     |
|  |                         | 31. PAYMENT<br><input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL |                      | 34. CHECK NUMBER                |                     |
|  |                         |  |                      | 35. BILL OF LADING NO.          |                     |
| 37. RECEIVED AT  | 38. RECEIVED BY (Print) | 39. DATE RECEIVED (YYMMDD)   | 40. TOTAL CONTAINERS | 41. S/R ACCOUNT NUMBER          | 42. S/R VOUCHER NO. |

## SECTION B

PR NPE03197000323  
NSN 5895-01-357-1168

## ITEM DESCRIPTION:

SELECTOR, RECEIVER S  
APPROVED SOURCE (072E5) P/N 1569AS450  
RAYTHEON TECHNICAL.(SWV) 14 MAR 03.

## CRITICAL APPLICATION ITEM

RAYTHEON TECHNICAL SERVICES CO DIV (072E5) P/N 1569AS450

| <u>ITEM</u> | <u>PR</u>      | <u>PRLI</u> | <u>QUANTITY</u> | <u>UNIT</u> | <u>UNIT PRICE</u> | <u>AMOUNT</u> |
|-------------|----------------|-------------|-----------------|-------------|-------------------|---------------|
| 0001        | NPE03197000323 | 0001        | 5               | EA          | \$10972.66000     | \$54863.30    |

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 = ZZ: CLNG/DRY = X: PRESV MAT = XX:  
WRAP MAT = XX: CUSH/DUNN MAT = XX: CUSH/DUNN THKNESS = X:  
UNIT CONT = XX: OPI = O:  
INTRMDTE CONT = XX: INTRMDTE CONT QTY = XXX:  
PACK CODE = U:  
MARKING SHALL BE IN ACCORDANCE WITH MIL-STD-129.  
SPECIAL MARKING CODE: 00 - NO SPECIAL MARKING.  
SUPPLEMENTAL INSTRUCTIONS

PRESERVATION AND PACKAGING SHALL BE IAW THE  
LATEST REVISION OF MILITARY SPECIFICATION:  
MIL-E-17555, FOR ELECTRONIC EQUIPMENT.

WHEN ZZ IS THE METHOD OF PRESERVATION, USE LEVEL  
'A' PRESERVATION AS CITED IN THE COMMODITY  
SPECIFICATION.

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 NOV 28

PARCEL POST ADDRESS:

CONTINUED ON NEXT PAGE

SECTION B

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

\* \* \* \* \*

REMIT PAYMENT TO:

\* \* \* \* \*