

# 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. <b>N00383-00-G-027B</b>		2. DELIVERY ORDER NO. <b>UB1T</b>		3. DATE OF ORDER (YYMMDD) <b>2003 AUG 29</b>		4. RBQUISITION/PURCH REQUEST NO. <b>YPE03160000624</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: PNNNAUD (614)692-4570 / FAX: (614)692-6906 E-mail: Lynn.Wright-Cunningham@dla.mil</b>			CODE <b>SP0900</b>		7. ADMINISTERED BY (If other than 6) <b>DCMA NORTHROP GRUMMAN BETHPA SOUTH OYSTER BAY ROAD MS: D23-O25 BETHPAGE LI NY 11714-3593</b>			CODE <b>S3316A</b>	
9. CONTRACTOR  <b>NORTHROP GRUMMAN SYSTEMS CORPORATIO DBA STEWART-WARNER SOUTHWIND CORPOR SOUTH OYSTER BAY ROAD BETHPAGE NY 11714-3582</b>		CODE <b>26512</b>		FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) <b>540 DAYS ARO</b>		11. MARK IF BUSINESS IS <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER (See Schedule if other)	
NAME AND ADDRESS		12. DISCOUNT TERMS <b>NET 30 days</b>		13. MAIL INVOICES TO <b>See Block 15</b>		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED			
14. SHIP TO <b>See Schedule - Do Not Ship to Address in Block 6</b>			CODE		15. PAYMENT WILL BE MADE BY <b>HQ0337</b>			CODE <b>HQ0337</b>	
			15. PAYMENT WILL BE MADE BY <b>HQ0337 DFAS COLUMBUS CENTER NORTH ENTITLEMENT OPERATIONS P O BOX 182266 COLUMBUS OH 43218-2266</b>			MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER			
			EFT: T						

16. DELIVERY TYPE OF ORDER		<input checked="" type="checkbox"/> DELIVERY <input type="checkbox"/> 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 <b>CTR 30/0803-1396</b>		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  
**EG: 97X4930 5CE0 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:</b> <b>CONFIRMING ORDER -- DO NOT DUPLICATE</b> <b>ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.</b>	<b>TOTAL:</b> 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 BY: <i>Lynn Wright-Cunningham</i> <b>8-25-03</b>		25. TOTAL \$ <b>855.71</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 _____		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 YPE03160000624

CAGE/PN 26512 123SCAV75

CAGE SDC NAME - ADDRESS  
 26512 A DBA STEWART-WARNER SOUTHWIND CORPOR  
 SOUTH OYSTER BAY ROAD  
 BETHPAGE NY 11714-3582

## 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	YPE03160000624	0001	1	EA	\$855.71000	\$855.71

QTY VARIANCE: PLUS 0% MINUS 0%  
 INSPECTION POINT: DEST  
 ACCEPTANCE POINT: DEST

## EXCEPTION DATA:

PART NUMBER: 123SCAV7516-11  
 ITEM: CABLE

SHIP LESS THE NSN IS AUTHORIZED

PREP FOR DELIVERY

COMMERCIAL PACKAGING IS ACCEPTABLE.

DELIVERY FOB: ORIGIN BY: 2005 FEB 19

## PARCEL POST ADDRESS:

N00188  
 NAVAL AIR STATION OCEANA  
 AIR DET NORFOLK  
 422 WAREHOUSE ST  
 NORFOLK VA 23511-4397

FREIGHT SHIPPING ADDRESS:

CONTINUED ON NEXT PAGE

SECTION B

CONTACT TRANS OFF AT ADMIN OFF PRIOR TO SHIPMENT

M/F: (TCN) N001883127GN12 XXX  
RDD 999/NMCS CONTACT TRANS OFFICE AT ADMIN OFFICE PRIOR TO SHIPMENT  
PROJ JZO TP 1  
SUP ADD SIG A

ADDED MARKING FOR FREIGHT SHIPPING ADDRESS:

N00188  
NAVAL AIR STATION  
SUPPLY DEPARTMENT  
422 WAREHOUSE STREET BLDG SP89  
NORFOLK VA 23511-4397

FOR GOVERNMENT USE ONLY: IPD 03

DIC A05 DIST 9N ADV FC 2S

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REMIT PAYMENT TO:

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