

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. N00383-01-G-007A | | 2. DELIVERY ORDER NO. UB04 | | 3. DATE OF ORDER (YYMMDD) 2003 AUG 29 | | 4. REQUISITION/PURCH REQUEST NO. YPE02228000422 | | 5. PRIORITY DOA7 | |
| 6. ISSUED BY CODE SP0900 Defense Supply Center Columbus 3990 E. Broad St. P.O. Box 16704 Columbus, OH 43216-5010 Local Administrator: PCCACGD (614)692-7495 / FAX: (614)692-6929 E-mail: Patricia.McMurray@dla.mil | | | | 7. ADMINISTERED BY (If other than 6) CODE S1005A DCMC LOCKHEED MARTIN ORLANDO 5600 SAND LAKE RD MP 49 ORLANDO, FL 32819-8907 CRITICALITY: B | | | | 8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER <i>(See Schedule if other)</i> | |
| 9. CONTRACTOR CODE 04939 LOCKHEED MARTIN CORP DBA LOCKHEED MARTIN MISSILES 5600 W SAND LAKE RD NO MP 125 ORLANDO FL 32819-0000 Vendor's Copy was sent EDI. Do not Duplicate shipment. | | | | 10. DELIVER TO FOB POINT BY (Date) (YYMMDD) 90 DAYS ADO | | 11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED | | 12. DISCOUNT TERMS NET 30 days | |
| 14. SHIP TO CODE See Schedule - Do Not Ship to Address in Block 6 | | | | 15. PAYMENT WILL BE MADE BY CODE HQ0338 HQ0338 DFAS COLUMBUS CENTER SOUTH ENTITLEMENT OPERATIONS P O BOX 182264 COLUMBUS OH 43218-2264 EFT: T | | 13. MAIL INVOICES TO See Block 15 | | | |
| 16. TYPE OF ORDER DELIVERY <input checked="" 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 offer dated 2003 JUL 02, NH-OGC-2003-000062-0 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) | | | |
| <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 |
|--------------|--------------------------------------------------------------------------------------------------|--------------------------------|----------|----------------|------------|
| | Remarks: ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT. | TOTAL: 76 | | | |

| | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------|---------------------|--------------------------------|--|
| * 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 Harold Campbell BY: | | PCCAAARQ ORDERING OFFICER NO. | | 25. TOTAL \$ 4560.00 | |
| 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 | | 32. PAID BY <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL | | 33. AMOUNT VERIFIED CORRECT FOR | | 29. DIFFERENCE | |
| DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____ | | 31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL | | 34. CHECK NUMBER | | 30. INITIALS | |
| 36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____ | | | | 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. | | |

FOB, Inspection and Acceptance shall be at: Contractors Plant.
Variation in quantity limited to: Plus _0_%, Minus _10_%.

All other terms and conditions of the cited BOA apply.

SECTION B

PR YPE02228000422
NSN 5962-01-349-7589

ITEM DESCRIPTION:

MICROCIRCUIT, MEMORY

IF THE APPLICABLE (OEM OR MILITARY) DRAWING, SPECIFICATION, STANDARD, OR QUALITY ASSURANCE PROVISION (QAP) SPECIFIES AN ACCEPTABLE QUALITY LEVEL (AQL). THE SAMPLING ACCEPTANCE NUMBER SHALL BE REDUCED TO ZERO (0). FOR EXAMPLE IF THE ACCEPT REJECT CRITERIA IS ACCEPT ON (3) DEFECTS AND REJECT ON (4) DEFECTS. THE NEW ACCEPT REJECT CRITERIA IS ACCEPT ON (0) DEFECTS AND REJECT THE ENTIRE LOT ON (1) DEFECT. EVEN THOUGH THE ACCEPTANCE LEVEL IS ELIMINATED, THE SAMPLE SIZE REMAINS THE SAME.

CRITICAL APPLICATION ITEM

LOCKHEED MARTIN CORP (09205) P/N 240894

| <u>ITEM</u> | <u>PR</u> | <u>PRLI</u> | <u>QUANTITY</u> | <u>UNIT</u> | <u>UNIT PRICE</u> | <u>AMOUNT</u> |
|-------------|----------------|-------------|-----------------|-------------|-------------------|---------------|
| 0001 | YPE02228000422 | 0001 | 76 | EA | \$60.00000 | \$4560.00 |

QTY VARIANCE: PLUS 0% MINUS 10%
INSPECTION POINT: ORIGIN
ACCEPTANCE POINT: ORIGIN

PREP FOR DELIVERY

PKGING DATA - MIL-STD-2073-1D, 15 DEC 1999
QUP = 001: PRES MTHD = GX: CLNG/DRY = 1: PRESV MAT = 00:
WRAP MAT = XX: CUSH/DUNN MAT = XX: CUSH/DUNN THKNESS = X:
UNIT CONT = XX: OPI = M:
INTRMDTE CONT = D3: INTRMDTE CONT QTY = AAA:
PACK CODE = U:
MARKING SHALL BE IN ACCORDANCE WITH MIL-STD-129.
SPECIAL MARKING CODE: 39 - MIL-STD-129 ESD SENS ELEC DEV RQMT APPLY

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: 2003 NOV 27

CONTINUED ON NEXT PAGE

SECTION B

PARCEL POST/FREIGHT ADDRESS:

SW3122
DEF DIST DEPOT JACKSONVILLE
BLDG 175 SWAN ROAD
NAS JACKSONVILLE FL 32212-0103

NON-MILSTRIP
PROJ

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REMIT PAYMENT TO:

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