

ORDER FOR SUPPLIES OR SERVICES

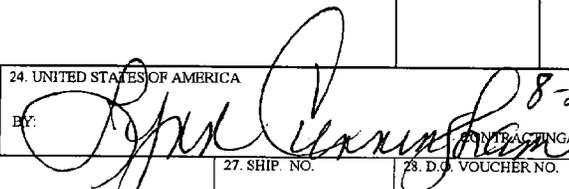
(Contractor must submit four copies of invoice.)

Form Approved
OMB No. 0704-0187
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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-015N		2. DELIVERY ORDER NO. UZ3W		3. DATE OF ORDER (YYMMDD) 2003 AUG 29		4. REQUISITION/PURCH REQUEST NO. YPC03219000847		5. PRIORITY DOC9	
6. ISSUED BY 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@dia.mil			CODE SP0700		7. ADMINISTERED BY (if other than 6) DCMA SIKORSKY AIRCRAFT 6900 MAIN ST PO BOX 9731 STRATFORD, CT 06615-9131			CODE S0707A	
9. CONTRACTOR SIKORSKY AIRCRAFT CORP 6900 MAIN ST STRATFORD CT 06615-9129		CODE 78286		FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) 390 DAYS ARO		8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER <small>(See Schedule if other)</small>	
NAME AND ADDRESS		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		13. MAIL INVOICES TO See Block 15			
14. SHIP TO See Schedule - Do Not Ship to Address in Block 6			CODE		15. PAYMENT WILL BE MADE BY HQ0337			CODE	
MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER			15. PAYMENT WILL BE MADE BY HQ0337 DFAS COLUMBUS CENTER NORTH ENTITLEMENT OPERATIONS P O BOX 182266 COLUMBUS OH 43218-2266		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 AQ 3KK 2003 DA 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 CG: 97X4930 SCC0 001 26.0 S33150									
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/SERVICE			20. QUANTITY ORDERED/ACCEPTED*		21. UNIT	22. UNIT PRICE	23. AMOUNT
		Remarks: CONFIRMING ORDER -- DO NOT DUPLICATE 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		BY: 		25. TOTAL	\$ 601.00
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				27. SHIP. NO. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		28. D.C. VOUCHER NO.		29. DIFFERENCE	
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____				31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		30. INITIALS	33. AMOUNT VERIFIED CORRECT FOR
36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____				40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER		34. CHECK NUMBER	35. BILL OF LADING NO.
37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYMMDD)		42. S/R VOUCHER NO.			

SECTION B

PR YPC03219000847

CAGE/PN 78286 7050002059

CAGE SDC NAME - ADDRESS
 78286 A 6900 MAIN ST
 STRATFORD CT 06615-9129
 203-383-7833

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	YPC03219000847	0001	1	EA	\$601.00000	\$601.00

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

EXCEPTION DATA:

MFC: 78286 P/N: 70500-02059-061
 ITEM: SUPPORT ASSEMBLY
 TM 1-1520-237-23P-1 NOV00
 PAGE: 271-1 FIGURE: 271 ITEM: 6
 E/I: (1520-01-035-0266)
 HELICOPTER MODEL: UH.60 SERIES: A SERIAL #: 83-23851
 "SHIP LESS THE NSN"
 LEVEL C/C PACKAGING AND PRESERVATION - STANDARD COMMERCIAL IS ACCEPTABLE.

*

PREP FOR DELIVERY

COMMERCIAL PRACTICE PPP WITH MIL-STD-129 MARKING.

DELIVERY FOB: ORIGIN BY: 2004 SEP 22

PARCEL POST ADDRESS:

CONTINUED ON NEXT PAGE

SECTION B

WK4SRM
XR 0502 TC HHC 02 AUG
CMR 418
APO AE 09058

FREIGHT SHIPPING ADDRESS:

CONTACT TRANS OFF AT ADMIN OFF PRIOR TO SHIPMENT

M/F: (TCN) WK4SRM32176601 XXX
RDD 999/NMCS CONTACT TRANS OFFICE AT ADMIN OFFICE PRIOR TO SHIPMENT
PROJ TP 1
SUP ADD WK4GFY SIG C

ADDED MARKING FOR FREIGHT SHIPPING ADDRESS:

WK4SRM
XR 0502 TC HHC 02 AUG
VIERNHEIMERWEG
COLEMAN BARRACKS BLDG 4
MANNHEIM GE 68307

FOR GOVERNMENT USE ONLY: IPD 02

DIC A05 DIST RSA ADV 2A FC BB

REMIT PAYMENT TO:
