

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. SP0900-03-D-9712		2. DELIVERY ORDER NO. 1006		3. DATE OF ORDER (YYMMDD) 2004 MAR 29		4. REQUISITION/PURCH REQUEST NO. YPE04089000494		5. PRIORITY	
6. ISSUED BY DEFENSE SUPPLY CENTER COLUMBUS 3990 E. BROAD STREET P.O. BOX 16704 COLUMBUS, OH 43216-5010			CODE SP0900		7. ADMINISTERED BY (If other than 6) S0512A CMDR DCMC VAN NUYS 6230 VAN NUYS BLVD VAN NUYS CA 91401-2713			CODE S0512A	
9. CONTRACTOR HR TEXTRON INC. 25200 WEST RYE CANYON ROAD VALENCIA CA 91355-1265		CODE 81873		FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD)		11. MARK IF BUSINESS IS	
NAME AND ADDRESS						12. DISCOUNT TERMS I/A/W/ BASIC CONTRACT		<input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER <i>(See Schedule if other)</i>	
						13. MAIL INVOICES TO SEE BLOCK 15		<input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED	
14. SHIP TO DO NOT SHIP TO ADDRESSES ON THIS PAGE SEE FOLLOWING PAGE SHIPPING ADDRESSES ARE SHOWN UNDER LINE ITEM			CODE		15. PAYMENT WILL BE MADE BY DFAS - COLUMBUS CENTER ATTN DFAS BVDPCC/CC 3990 E BROAD ST PO BOX 182317 FAS CUSTOMER SERVICE 1-800-756-4571 COLUMBUS, OH 43218-6205			CODE S33184	
								MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	

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.
	PURCHASE		
			Reference your _____ 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 5CE0 001 26.0 S33150

18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
	Remarks: Terms and conditions are in accordance with Basic Contract.				

* 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 \$ 10836.00		
		BY: POPS Auto Award			29. DIFFERENCE		
		CONTRACTING/ORDERING OFFICER			30. INITIALS		
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.O. VOUCHER NO.		33. AMOUNT VERIFIED CORRECT FOR	
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____		31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		34. CHECK NUMBER	
36. I certify this account is correct and proper for payment.						35. BILL OF LADING NO.	
DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____							
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

ITEM DESCRIPTION NOT INCLUDED

Admin Location Code 516
6146927347 Post Award Administrator DIANE HULETT

P/N 28002153-001 Manufacturer's CAGE - 81873

<u>ITEM</u>		<u>QTY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
7201	PR YPE04089000494 NSN 5950-00-288-5994	172	EA	63.00	10836.00

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

DELIVERY FOB: ORIGIN BY: 2004 SEP 15

PARCEL POST ADDRESS:DISTRIBUTION DEPOT HILL
7537 WARDLEIGH RD
HILL AFB UT 840565734**FREIGHT ADDRESS:**SW3210
DISTRIBUTION DEPOT HILL
7537 WARDLEIGH RD BLDG 849W
HILL AFB, UT 84056-5734M/F: (TCN) STOCK BUY RQMT
RDD: 24-AUG-04 PROJ:

END OF AWARD