

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. N00383-00-G-023B		2. DELIVERY ORDER NO. UBA4		3. DATE OF ORDER (YYMMDD) 2004 JAN 30		4. REQUISITION/PURCH REQUEST NO. YPE03300000041		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: PCCACBA (614)692-7500 / FAX: (614)692-6929 E-mail: Brian.Kennedy@dla.mil				7. ADMINISTERED BY (If other than 6) CODE S1110A DCMC GRUMMAN ST AUGUSTINE 5000 U.S. 1 NORTH P.O. DRAWER 3447 ST. AUGUSTINE, FL 32085-3447 CRITICALITY: C				8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER <i>(See Schedule if other)</i>	
9. CONTRACTOR CODE 61174 NORTHROP GRUMMAN SYSTEMS CORPORATION 5000 US HIGHWAY 1 NORTH P.O. BOX 3447 SAINT AUGUSTINE FL 32095-6200				10. DELIVER TO FOB POINT BY (Date) (YYMMDD) 390 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 <input 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. Reference your offer dated 2003 DEC 11, EA6B2003-0416 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.					

<input type="checkbox"/>	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: 7			

* 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 Lois Barrett PCCACBD		25. TOTAL \$ 20288.03	
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		BY:		29. DIFFERENCE	
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____		<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		30. INITIALS	
36. I certify this account is correct and proper for payment.		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR	
DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____		<input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		34. CHECK NUMBER	
37. RECEIVED AT		38. RECEIVED BY (Print)		35. BILL OF LADING NO.	
39. DATE RECEIVED (YYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER	
42. S/R VOUCHER NO.		43. S/R ACCOUNT NUMBER		44. S/R VOUCHER NO.	

CONTINUATION SHEET

Order Number:
N00383-00-G-023B-UBA4

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FOB: ORIGIN

INSPECTION & ACCEPTANCE @ cONTRACTOR'S PLANT - ST AUGUSTINE, FL 32085-3447

QTY VARIANCE: INCREASE 05% DECREASE 05%

ALL OTHER TERMS REMAIN THE SAME AS THE BOA.

SECTION B

PR YPE03300000041
NSN 5998-01-223-1683

ITEM DESCRIPTION:

CIRCUIT CARD ASSEMB

NORTHROP GRUMMAN SYSTEMS CORPORATIO (26512) P/N 1128PE43030-5

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001	YPE03300000041	0001	7	EA	\$2898.29000	\$20288.03

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 = GX: CLNG/DRY = 1: PRESV MAT = 00:
WRAP MAT = XX: CUSH/DUNN MAT = XX: CUSH/DUNN THKNESS = X:
UNIT CONT = D3: OPI = M:
INTRMDTE CONT = DO: 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: 2005 FEB 23

PARCEL POST ADDRESS:

W25G1U
XU TRANSPORTATION OFFICER
DDSP NEW CUMBERLAND FACILITY
BUILDING MISSION DOOR 113 134
NEW CUMBERLAND PA 17070-5001

CONTINUED ON NEXT PAGE

SECTION B

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:

GRUMMAN ST AUGUSTINE CORP
SUB GRUMMAN AEROSPACE CORP
5000 US 1 N
P O DRAWER 3447
ST AUGUSTINE FL 32085-3447

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