

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-015G		2. DELIVERY ORDER NO. UB54		3. DATE OF ORDER (YYMMDD) 2004 JAN 30		4. REQUISITION/PURCH REQUEST NO. YPE03248000437		5. PRIORITY DOC9			
6. ISSUED BY Defense Supply Center Columbus 3990 E. Broad St. P.O. Box 16704 Columbus, OH 43216-5010 Local Administrator: PNNANQ (614)692-7520 / FAX: (614)692-6906 E-mail: Cynthia.Ford@dla.mil			CODE SP0900		7. ADMINISTERED BY (If other than 6) CMDR DCMC VAN NUYS 6230 VAN NUYS BLVD VAN NUYS CA 91401-2713			CODE S0512A			
9. CONTRACTOR LITTON SYSTEMS, INC. DIV NAVIGATION SYSTEMS DIVISION 21240 BURBANK BLVD. WOODLAND HILLS CA 91367-6675			CODE 06481		FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) 330 DAYS ADO		8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER <small>(See Schedule if other)</small>		
NAME AND ADDRESS			CRITICALITY: B		12. DISCOUNT TERMS NET 30 days		11. MARK IF BUSINESS <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 HQ0339 DFAS COLUMBUS CENTER WEST ENTITLEMENT OPERATIONS P O BOX 182381 COLUMBUS OH 43218-2381			CODE HQ0339		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	
EFT: T											

16. 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.	
TYPE OF ORDER		Reference your offer dated 2004 JAN 16, Justy Williams, Contracts Adm and furnish the following on terms specified herein.	
PURCHASE		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 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: 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 		25. TOTAL \$ 12055.00	
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.O. VOUCHER NO.	
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____		31. PAYMENT <input type="checkbox"/> COMPLETE <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 _____				30. INITIALS 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 YPE03248000437

CAGE/PN 06481 1521772

CAGE SDC NAME - ADDRESS
 06481 A DIV NAVIGATION SYSTEMS DIVISION
 21240 BURBANK BLVD.
 WOODLAND HILLS CA 91367-6675
 818-715-2038

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	YPE03248000437	0001	1	EA	\$12055.00000	\$12055.00

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

EXCEPTION DATA:

NOTE: 1/22/04

NORTHROP GRUMMAN ELECTRONICS SYSTEMS REFERENCE QUOTE NO:
 BOA N00383-01-G-015G

 NORTHROP GRUMMAN ELECTRONICS SYSTEMS DATE OF QUOTE: 1/16/04

CAGE: 06481

P/N: 152177-2

ITEM: CABLE ASSEMBLY

COMPANY: NORTHROP GRUMMAN
 NAVIGATION SYSTEMS DIVISION

POC: JUSTY WILLIAMS

PHONE: 1 818 715 2191

FAX: 1 818 712 6142

NOTE 2:

THE FOLLOWING STATEMENT MUST BE INCLUDED IN ANY RESULTING ORDER:

"THE FORWARD PRICING RATES USED IN PRICING THIS ORDER INCLUDES
 RESTRUCTURING COSTS AS DEFINED IN DFARS 231.205-70(b)(4). RESTRUCTURING

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SECTION B

COSTS ARE SUBJECT TO THE LIMITATIONS ON COST ALLOWABILITY PROVIDED IN DFARS 231.205-70(c). DFARS 231.205-70(D)(5) REQUIRES THAT THIS ORDER BE SUBJECT TO A DOWNWARD ONLY PRICE ADJUSTMENT TO REMOVE RESTRUCTURING COSTS IN THE EVENT THAT THE WRITTEN DETERMINATION REQUIRES BY DFARS 231.205-70(c)(1)(iv) IS NOT OBTAINED."

PREP FOR DELIVERY

COMMERCIAL PACKAGING IS ACCEPTABLE.

DELIVERY FOB: ORIGIN BY: 2004 DEC 25

PARCEL POST ADDRESS:

W25N14
XU CONSOL AND CONTAINERIZATION PT
DDSP NEW CUMBERLAND FACILITY
BLDG 2001 CCP DOOR 135 THRU 168
NEW CUMBERLAND PA 17070-5001

FREIGHT SHIPPING ADDRESS:

CONTACT TRANS OFF AT ADMIN OFF PRIOR TO SHIPMENT

M/F: (TCN) W81U0432450710 XXX
RDD 999/NMCS CONTACT TRANS OFFICE AT ADMIN OFFICE PRIOR TO SHIPMENT
PROJ 9FF TP 1
SUP ADD W80TTG SIG L

FOR DOCUMENT DISTRIBUTION ONLY:

W80TTG
SR W1PL ACTY MISSION SUPPLY SPT
US ARMY TMDE REGION EUROPE
CMR 434
APO AE 09138

FOR GOVERNMENT USE ONLY: IPD 02

DIC A05 DIST Q ADV FC UB

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SECTION B

REMIT PAYMENT TO:
