

# 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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**4**

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.<br><b>N00383-01-G-015N</b>  |  | 2. DELIVERY ORDER NO.<br><b>UZK5</b> |  | 3. DATE OF ORDER (YYMMDD)<br><b>2004 JAN 30</b>  |   | 4. REQUISITION/PURCH REQUEST NO.<br><b>YPC03353000678</b>          |                       | 5. PRIORITY<br><b>DOC9</b>  |  |  |  |
| 6. ISSUED BY<br><b>Defense Supply Center Columbus<br/>3990 E. Broad St.<br/>P.O. Box 16704<br/>Columbus, OH 43216-5010<br/>Local Administrator: PNNANQ (614)692-7520 / FAX: (614)692-6906<br/>E-mail: Cynthia.Bartholemeu@dla.mil</b> |  |                                      | CODE<br><b>SP0700</b>                    | 7. ADMINISTERED BY (If other than 6)<br><b>DCMA SIKORSKY AIRCRAFT<br/>6900 MAIN ST PO BOX 9731<br/>STRATFORD, CT 06615-9131</b>                  |   |  | CODE<br><b>S0707A</b> | 8. DELIVERY FOB<br><input type="checkbox"/> DEST<br><input checked="" type="checkbox"/> OTHER<br><i>(See Schedule if other)</i>                   |  |  |  |
| 9. CONTRACTOR<br><b>SIKORSKY AIRCRAFT CORP<br/>6900 MAIN ST<br/>STRATFORD CT 06615-9129</b>   |  |                                      | CODE<br><b>78286</b>                     | FACILITY CODE  |   | 10. DELIVER TO FOB POINT BY (Date) (YYMMDD)<br><b>150 DAYS ADO</b> |                       | 11. MARK IF BUSINESS IS<br><input type="checkbox"/> SMALL<br><input type="checkbox"/> SMALL DISADVANTAGED<br><input type="checkbox"/> WOMEN-OWNED |  |  |  |
| NAME AND ADDRESS  |  |                                      | 12. DISCOUNT TERMS<br><b>NET 30 days</b> |  | 13. MAIL INVOICES TO<br><b>See Block 15</b> |  |                       |   |  |  |  |
| 14. SHIP TO<br><b>See Schedule - Do Not Ship to Address in Block 6</b>  |  |                                      | CODE                                     | 15. PAYMENT WILL BE MADE BY<br><b>HQ0337 DFAS COLUMBUS CENTER<br/>NORTH ENTITLEMENT OPERATIONS<br/>P O BOX 182266<br/>COLUMBUS OH 43218-2266</b> |   |  | CODE<br><b>HQ0337</b> | MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER  |  |  |  |
| EFT: T  |  |                                      |  |  |   |  |                       |   |  |  |  |

|                   |          |                                     |  |
|-------------------|----------|-------------------------------------|--|
| 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.<br>Reference your <b>offer dated 2003 DEC 23, Mr. Steve Kelly</b> and furnish the following on terms specified herein.<br>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. |
|                   | PURCHASE | <input type="checkbox"/>            |  |

|  |           |                      |                      |
|--|-----------|----------------------|----------------------|
| NAME OF CONTRACTOR<br><input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies: | SIGNATURE | TYPED NAME AND TITLE | DATE SIGNED (YYMMDD) |
|--|-----------|----------------------|----------------------|

17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE  
**CG: 97X4930 5CC0 001 26.0 S33150**

| 18. ITEM NO. | 19. SCHEDULE OF SUPPLIES/SERVICE  | 20. QUANTITY ORDERED/ACCEPTED* | 21. UNIT | 22. UNIT PRICE | 23. AMOUNT |
|--------------|---|--------------------------------|----------|----------------|------------|
|              | <b>Remarks:<br/>CONFIRMING ORDER -- DO NOT DUPLICATE<br/>ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.</b> | <b>TOTAL:<br/>2</b>            |          |                |            |

|   |  |  |  |                                 |  |
|---|--|--|--|---------------------------------|--|
| * 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 \$ <b>1081.88</b>     |  |
| BY:   |  | CONTRACTING/ORDERING OFFICER   |  | 29. DIFFERENCE                  |  |
| 26. QUANTITY IN COLUMN 20 HAS BEEN<br><input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED |  | 27. SHIP. NO.  |  | 30. INITIALS                    |  |
| DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____  |  | <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL  |  | 32. PAID BY                     |  |
| 36. I certify this account is correct and proper for payment.<br>DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____   |  | 31. PAYMENT<br><input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL |  | 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 YPC03353000678

CAGE/PN 78286 7021602401

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        | YPC03353000678 | 0001        | 2               | EA          | \$540.94000       | \$1081.88     |

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

## EXCEPTION DATA:

NOTE: 1/27/04

SIKORSKY AIRCRAFT CORPORATION REFERENCE QUOTE NO: AQ 5D2 2003 DA

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SIKORSKY AIRCRAFT CORPORATION DATE OF QUOTE: 23 DEC 03  
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MFC: 78286 P/N: 70216-02401-144  
ITEM: ANGLE, R/H  
TM 1-1520-237-23P-1 MAY03  
MODEL: UH-60 SERIES: A SERIAL #: 88-26071  
DATA AVAILABLE  
O53

## NOTE 2:

COMPANY: SIKORSKY AIRCRAFT CORPORATION  
POC: MR. STEVE KELLY  
PHONE: 1 203 386 7928  
FAX: 1 203 386 7447  
EMAIL: SKelly@SIKORSKY.com  
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## NOTE 3:

SIKORSKY AIRCRAFT CORPORATION IS AUTHORIZED TO SHIP LESS NSN IF ONE  
HAS NOT BEEN ASSIGNED.

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SECTION B

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PREP FOR DELIVERY

COMMERCIAL PRACTICE PPP WITH MIL-STD-129 MARKING.

DELIVERY FOB: ORIGIN BY: 2004 JUN 28

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) WK4SRM33466602 XXX  
RDD 999/NMCS CONTACT TRANS OFFICE AT ADMIN OFFICE PRIOR TO SHIPMENT  
PROJ TP 1  
SUP ADD WK4GFY SIG L

FOR DOCUMENT DISTRIBUTION ONLY:

WK4GFY  
SR 0502 TC HHC 02 AUG  
CMR 418  
AWCF SSF  
APO AE 09058

FOR GOVERNMENT USE ONLY: IPD 02

DIC A05 DIST Q ADV 2A FC UB

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SECTION B

REMIT PAYMENT TO:

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