

ORDER FOR SUPPLIES OR SERVICES

(Contractor must submit four copies of invoice.)

Form Approved
OMB No. 0704-0187
Expires Jun 30, 1997

PAGE 1 OF
3

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. UZGF		3. DATE OF ORDER (YYMMDD) 2004 JUL 30		4. REQUISITION/PURCH REQUEST NO. YPC04177000581		5. PRIORITY DOC9			
6. ISSUED BY Defense Supply Center Columbus P.O. Box 3990 Columbus, OH 43218-3990 Local Administrator: PNNANQ (614)692-7520 / FAX: (614)692-6906 E-mail: Cynthia.Bartholemew@dta.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 NAME AND ADDRESS SIKORSKY AIRCRAFT CORPORATION 6900 MAIN STREET STRATFORD CT 06615-9129			CODE 78286		FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) 150 DAYS ADO		8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER (See Schedule if other)		
							12. DISCOUNT TERMS NET 30 days		11. MARK IF BUSINESS AS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED		
14. SHIP TO See Schedule - Do Not Ship to Address in Block 6			CODE		15. PAYMENT WILL BE MADE BY HQ0337 DFAS COLUMBUS CENTER NORTH ENTITLEMENT OPERATIONS P O BOX 182266 COLUMBUS OH 43218-2266 EFT: T			CODE HQ0337		13. MAIL INVOICES TO See Block 15	
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 offer dated 2004 JUL 07, Mr. Steve Kelly 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)		
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											
Remarks: CONFIRMING ORDER -- DO NOT DUPLICATE ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.											
24. UNITED STATES OF AMERICA											
* 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.											
25. TOTAL \$ 1007.52											
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.											
28. D.O. VOUCHER NO.											
29. DIFFERENCE											
30. INITIALS											
31. PAYMENT <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL											
32. PAID BY											
33. AMOUNT VERIFIED CORRECT FOR											
34. CHECK NUMBER											
35. BILL OF LADING NO.											
36. I certify this account is correct and proper for payment. 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

PR YPC04177000581

CAGE/PN 78286 7021904600

CAGE SDC NAME - ADDRESS
 78286 A 6900 MAIN STREET
 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	YPC04177000581	0001	1	EA	\$1007.52000	\$1007.52

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

EXCEPTION DATA:

NOTE: 7/23/04

SIKORSKY AIRCRAFT CORP. REFERENCE QUOTE NUMBER: AQ 8GV 2004 DA

SIKORSKY AIRCRAFT CORP. DATE OF QUOTE: 7 JULY 2004

MFC: 78286 P/N 70219-04600045
 ITEM: BEAM ASSY STA 387.30 E/I NSN: 1520010350266
 MDL: UH-60 SERIES: A S/N: 82-23757
 DATA AVAIL OSD *

COMPANY: SIKORSKY AIRCRAFT CORP.
 POC: MR. STEVE KELLY
 PHONE: 1 203 386 4995
 FAX: 1 203 386 7928
 EMAIL: SKelly@SIKORSKY.com

NOTE 2:

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

CONTINUED ON NEXT PAGE

SECTION B

PREP FOR DELIVERY

COMMERCIAL PRACTICE PPP WITH MIL-STD-129 MARKING.

DELIVERY FOB: ORIGIN BY: 2004 DEC 27

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) WK4SRM41746601 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

REMIT PAYMENT TO:
