

05

ORDER FOR SUPPLIES OR SERVICES

PAGE OF PAGES

1 20

IMPORTANT: Mark all packages and papers with contract and/or order numbers.

1 DATE OF ORDER 03/29/2010	2 CONTRACT NO. (If any) CPSC-N-10-0142	6 SHIP TO: a NAME OF CONSIGNEE CONSUMER PRODUCT SAFETY COMMISSION	
3 ORDER NO.	4 REQUISITION/REFERENCE NO.		

5 ISSUING OFFICE (Address correspondence to) CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814	b STREET ADDRESS DIV OF HAZARD & INJURY DATA SYS 4330 EAST WEST HIGHWAY ROOM 604-26	c CITY BETHESDA	d STATE MD	e ZIP CODE 20814
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7 TO: REGINA BARKLEY ER MANAGER	f SHIP VIA
a NAME OF CONTRACTOR JOHNSON CITY MEDICAL CENTER HOSPITAL	

b COMPANY NAME	8. TYPE OF ORDER <input checked="" type="checkbox"/> a PURCHASE REFERENCE YOUR.  <input type="checkbox"/> b DELIVERY		Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above-numbered contract.
c STREET ADDRESS 400 N STATE OF FRANKLIN ROAD	Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated		
d CITY JOHNSON CITY	e STATE TN	f ZIP CODE 37604-4603	

9 ACCOUNTING AND APPROPRIATION DATA See Schedule	10 REQUISITIONING OFFICE CONSUMER PRODUCT SAFETY COMMISSION
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11 BUSINESS CLASSIFICATION (Check appropriate box(es)) <input type="checkbox"/> a SMALL <input checked="" type="checkbox"/> b OTHER THAN SMALL <input type="checkbox"/> c DISADVANTAGED <input type="checkbox"/> d WOMEN-OWNED <input type="checkbox"/> e HUBZone <input type="checkbox"/> f EMERGING SMALL BUSINESS	g SERVICE-DISABLED VETERAN-OWNED	12 F.O.B POINT Destination
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13 PLACE OF a INSPECTION Destination	b ACCEPTANCE Destination	14 GOVERNMENT B/L NO.	15 DELIVER TO F.O.B POINT ON OR BEFORE (Date) Multiple	16 DISCOUNT TERMS Net 30
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17. SCHEDULE (See reverse for Rejections)

ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	DUNS Number [REDACTED] BASIC CONTRACT: 10/01/09 THRU 09/30/10 HOSPITAL ID# 9A532042  Continued ...					

18 SHIPPING POINT	19 GROSS SHIPPING WEIGHT	20 INVOICE NO	17(h) TOTAL (Cont. pages)
21. MAIL INVOICE TO:			
a NAME CONSUMER PRODUCT SAFETY COMMISSION	b STREET ADDRESS DIVISION OF FINANCIAL SERVICES 4330 EAST WEST HWY ROOM 522		\$13,800.00
c CITY BETHESDA	d STATE MD	e ZIP CODE 20814	\$13,800.00
17(i) GRAND TOTAL			

22. UNITED STATES OF AMERICA BY (Signature) 	23. NAME (Typed) Doris B. Kessler TITLE: CONTRACTING/ORDERING OFFICER
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**ORDER FOR SUPPLIES OR SERVICES  
SCHEDULE - CONTINUATION**

PAGE NO

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DATE OF ORDER  
03/29/2010

CONTRACT NO  
CPSC-N-10-0142

ORDER NO.

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0001	<p>Admin Office: CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814 Period of Performance: 10/01/2009 to 09/30/2010</p> <p>ESTIMATED QUANTITY ACCESS ONLY TO NEISS SURVEILLANCE REPORTS, SPECIAL SURVEY REPORTS AND SUPPLEMENTAL/SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</p> <p>MINIMUM QTY: 3,000 MAXIMUM QTY: 15,000</p>	12000	EA	1.15	13,800.00	
0002	<p>Accounting Info: 0100A10DPS-2010-1117900000-EXFM004310- 252E0 Funded: \$13,800.00</p> <p>OPTION PERIOD: 10/01/10 THRU 09/30/11</p> <p>ESTIMATED QUANTITY ACCESS ONLY TO NEISS SURVEILLANCE REPORTS, SPECIAL SURVEY REPORTS AND SUPPLEMENTAL/SPECIAL STUDY REPORTS.</p> <p>MINIMUM QTY: 3,000 MAXIMUM QTY: 15,000 Amount: \$13,800.00 (Option Line Item) 10/01/2010</p> <p>Accounting Info: 0100A11DPS-2011-1117900000-EXFM004310- 252EC Funded: \$0.00 \$13,800.00 (Subject to Availability of Funds) \$0.00 (Subject to Availability of Continued ...</p>	12000	EA	1.15	0.00	

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))

\$13,800.00

**ORDER FOR SUPPLIES OR SERVICES  
SCHEDULE - CONTINUATION**

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DATE OF ORDER  
03/29/2010

CONTRACT NO  
CPSC-N-10-0142

ORDER NO.

ITEM NO (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>Funds)</p> <p>Period of Performance: 10/01/2010 to 09/30/2011</p> <p>The total amount of award: \$27,600.00. The obligation for this award is shown in box 17(i).</p>					

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))

\$0.00