

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 03/23/2010	2 CONTRACT NO. (If any) CPSC-N-10-0133	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
---------------------	----------------	----------------------

7. TO: ROBBIN CURLEE CFO	f. SHIP VIA
--------------------------	-------------

a. NAME OF CONTRACTOR JACKSONVILLE MEDICAL CENTER	8. TYPE OF ORDER
--	------------------

b. COMPANY NAME	<input checked="" type="checkbox"/> a. PURCHASE REFERENCE YOUR:	<input type="checkbox"/> b. DELIVERY
c. STREET ADDRESS 1701 PELHAM ROAD SOUTH PO BOX 999	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.	

d. CITY JACKSONVILLE	e. STATE AL	f. ZIP CODE 36265
-------------------------	----------------	----------------------

9. ACCOUNTING AND APPROPRIATION DATA See Schedule	10. REQUISITIONING OFFICE CONSUMER PRODUCT SAFETY COMMISSION
--	---

11 BUSINESS CLASSIFICATION (Check appropriate box(es)) <input type="checkbox"/> a. SMALL <input type="checkbox"/> b. OTHER THAN SMALL <input type="checkbox"/> c. DISADVANTAGED <input type="checkbox"/> d. WOMEN-OWNED <input type="checkbox"/> e. HUBZone	<input checked="" type="checkbox"/> b. OTHER THAN SMALL <input type="checkbox"/> f. EMERGING SMALL BUSINESS	<input type="checkbox"/> g. SERVICE-DISABLED VETERAN-OWNED	12. F.O.B. POINT Destination
--	--	--	---------------------------------

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
--	------------------------------	------------------------	--	------------------------------

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#3A114055 Continued ...					

SEE BILLING INSTRUCTIONS ON REVERSE	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		\$14,918.50
	b. STREET ADDRESS (or P.O. Box)	DIVISION OF FINANCIAL SERVICES 4330 EAST WEST HWY ROOM 522		\$14,918.50
c. CITY	d. STATE	e. ZIP CODE		
	BETHESDA	MD	20814	17(i) GRAND TOTAL

22. UNITED STATES OF AMERICA BY (Signature) 	23. NAME (Typed) Doris B. Kessler TITLE: CONTRACTING/ORDERING OFFICER
---	---

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

PAGE NO

2

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

DATE OF ORDER 03/23/2010	CONTRACT NO. CPSC-N-10-0133	ORDER NO.
-----------------------------	--------------------------------	-----------

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0001	Admin Office: CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814 ESTIMATED QUANTITY NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK. MINIMUM QTY: 875 MAXIMUM QTY: 4,375 Accounting Info: 0100A10DPS-2010-1117900000-EXFM004310- 252E0 Funded: \$14,455.00 Period of Performance: 10/01/2009 to 09/30/2010	3500	EA	4.13	14,455.00	
0002	ESTIMATED QUANTITY SUPPLEMENTAL//SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK. MINIMUM QTY: 45 MAXIMUM QTY: 450 Accounting Info: 0100A10DPS-2010-1117900000-EXFM004310- 252E0 Funded: \$463.50 Period of Performance: 10/01/2009 to 09/30/2010	450	EA	1.03	463.50	
0003	OPTION PERIOD: 10/01/10 THRU 09/30/11 ESTIMATED QUANTITY NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS. MINIMUM QTY: 875 Continued ...	3500	EA	4.13	0.00	

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

\$14,918.50

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

PAGE NO

3

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

DATE OF ORDER
03/23/2010

CONTRACT NO.
CPSC-N-10-0133

ORDER NO.

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0004	<p>MAXIMUM QTY: 4,375 Amount: \$14,455.00 (Option Line Item) 10/01/2010</p> <p>Accounting Info: 0100A11DPS-2011-1117900000-EXFM004310-252E0 Funded: \$0.00 \$14,455.00 (Subject to Availability of Funds) \$0.00 (Subject to Availability of Funds) Period of Performance: 10/01/2010 to 09/30/2011</p> <p>ESTIMATED QUANTITY SUPPLEMENTAL/SPECIAL STUDY REPORTS.</p> <p>MINIMUM QTY: 45 MAXIMUM QTY: 450 Amount: \$463.50 (Option Line Item) 10/01/2010</p> <p>Accounting Info: 0100A11DPS-2011-1117900000-EXFM004310-252E0 Funded: \$0.00 \$463.50 (Subject to Availability of Funds) \$0.00 (Subject to Availability of Funds) Period of Performance: 10/01/2010 to 09/30/2011</p> <p>The total amount of award: \$29,837.00. The obligation for this award is shown in box 17(i).</p>	450	EA	1.03	0.00	

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

\$0.00