

ORDER FOR SUPPLIES OR SERVICES

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

| | | | |
|--------------------------------|--|--|--|
| 1. DATE OF ORDER 03/06/2010 | 2. CONTRACT NO. (If any) CPSC-N-10-0103 | 6. SHIP TO | |
| 3. ORDER NO. | | a. NAME OF CONSIGNEE CONSUMER PRODUCT SAFETY COMMISSION | |
| 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: ROBERT ELLIS DIRECTOR OF NURSING | | f. SHIP VIA | |
| a. NAME OF CONTRACTOR D W MCMILLAN MEMORIAL HOSPITAL | | | |

| | | | | | |
|---|--|---|--|--------------------------------------|--|
| b. COMPANY NAME | | 8. TYPE OF ORDER | | | |
| c. STREET ADDRESS 1301 BELLEVILLE AVENUE PO 908 | | <input checked="" type="checkbox"/> a. PURCHASE | | <input type="checkbox"/> b. DELIVERY | |
| d. CITY BREWTON | | e. STATE AL | | f. ZIP CODE 36427-0908 | |
| 9. ACCOUNTING AND APPROPRIATION DATA See Schedule | | 10. REQUISITIONING OFFICE CONSUMER PRODUCT SAFETY COMMISSION | | | |

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

| | | | | | | | |
|------------------------------|------------------------------|------------------------|--|---|--|--------------------|--|
| 13. PLACE OF | | 14. GOVERNMENT B/L NO. | | 15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date) | | 16. DISCOUNT TERMS | |
| a. INSPECTION Destination | b. ACCEPTANCE Destination | | | Multiple | | 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: 073000203 HOSPITAL ID# 6A503042 BASIC CONTRACT: 10/01/09 THRU 09/30/10 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 | | | | | | \$8,154.00 |
| b. STREET ADDRESS (or P.O. Box) DIVISION OF FINANCIAL SERVICES 4330 EAST WEST HWY ROOM 522 | | | | | | |
| c. CITY BETHESDA | | d. STATE MD | e. ZIP CODE 20814 | | \$8,154.00 | 17(i) GRAND TOTAL |

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

Todd Stevenson

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

PAGE NO

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

| | | |
|-----------------------------|--------------------------------|-----------|
| DATE OF ORDER 03/06/2010 | CONTRACT NO. CPSC-N-10-0103 | 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: 375 MAXIMUM QTY: 1,875 Accounting Info: 0100A10DPS-2010-1117790000-EXFM004310- 252E0 Funded: \$7,890.00 Period of Performance: 10/01/2009 to 09/30/2010 | 1500 | EA | 5.26 | 7,890.00 | |
| 0002 | ESTIMATED QUANTITY SUPPLEMENTAL//SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK. MINIMUM QTY: 20 MAXIMUM QTY: 200 Accounting Info: 0100A10DPS-2010-1117900000-EXFM004310- 252E0 Funded: \$264.00 Period of Performance: 10/01/2009 to 09/30/2010 | 200 | EA | 1.32 | 264.00 | |
| 0003 | OPTION PERIOD: 10/01/10 THRU 09/30/11 ESTIMATED QUANTITY NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS. Continued ... | 1500 | EA | 5.26 | 0.00 | |

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

\$8,154.00

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

PAGE NO

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

DATE OF ORDER
03/06/2010

CONTRACT NO
CPSC-N-10-0103

ORDER NO.

| ITEM NO. (a) | SUPPLIES/SERVICES (b) | QUANTITY ORDERED (c) | UNIT (d) | UNIT PRICE (e) | AMOUNT (f) | QUANTITY ACCEPTED (g) |
|-----------------|--|----------------------------|-------------|----------------------|---------------|-----------------------------|
| 0004 | <p>MINIMUM QTY: 375 MAXIMUM QTY: 1,875 Amount: \$7,890.00 (Option Line Item) 10/01/2010</p> <p>Accounting Info: 0100A11DPS-2011-1117900000-EXFM004310-252E0 Funded: \$0.00 \$7,890.00 (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: 20 MAXIMUM QTY: 200 Amount: \$264.00 (Option Line Item) 10/01/2010</p> <p>Accounting Info: 0100A11DPS-2011-1117900000-EXFM004310-252E0 Funded: \$0.00 \$264.00 (Subject to Availability of Funds) \$0.00 (Subject to Availability of Funds) Period of Performance: 10/01/2010 to 09/30/2011</p> <p>The total amount of award: \$16,308.00. The obligation for this award is shown in box 17(i).</p> | 200 | EA | 1.32 | 0.00 | |

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

\$0.00