

ORDER FOR SUPPLIES OR SERVICES

PAGE OF PAGES

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

1 18

1 DATE OF ORDER 03/06/2010	2. CONTRACT NO. (If any) CPSC-N-10-0113	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: FRANCES W CLARK ADMIN OFFICER		f. SHIP VIA	
a. NAME OF CONTRACTOR MADIGAN ARMY MEDICAL CENTER			

b. COMPANY NAME		8. TYPE OF ORDER	
c. STREET ADDRESS DEPT OF EMERGENCY MEDICINE MCHJ-EM		<input checked="" type="checkbox"/> a. PURCHASE REFERENCE YOUR: <input type="checkbox"/> b. DELIVERY	
d. CITY TACOMA		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.	
e. STATE WA		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.	
f. ZIP CODE 98431-0001			

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))				12. F.O.B. POINT Destination	
<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		
<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) Multiple		16. DISCOUNT TERMS Net 30	
a. INSPECTION Destination	b. ACCEPTANCE Destination						

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: ██████████ HOSPITAL ID# 6W861016 BASIC CONTRACT: 10/01/09 THRU 09/30/10 Period of Performance: 10/01/2009 to 09/30/2010 Continued ...						

18. SHIPPING POINT		19. GROSS SHIPPING WEIGHT		20. INVOICE NO			
21. MAIL INVOICE TO:							
a. NAME CONSUMER PRODUCT SAFETY COMMISSION						\$6,192.00	
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		\$6,192.00	

22 UNITED STATES OF AMERICA BY (Signature) 	23. NAME (Typed) Doris B. Kessler TITLE: CONTRACTING/ORDERING OFFICER
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OPTIONAL FORM 347 (Rev 4/2006)
Prescribed by GSA/FAR 48 CFR 53.213(e)

Todd Stevenson

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

PAGE NO

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DATE OF ORDER
03/06/2010

CONTRACT NO
CPSC-N-10-0113

ORDER NO.

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0001	<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: 1,800 MAXIMUM QTY: 9,000</p> <p>Accounting Info: 0100A100DP-2010-1117900000-EXFM004310- 252E0 Funded: \$6,192.00</p>	7200	EA	0.86	6,192.00	
0002	<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: 1,800 MAXIMUM QTY: 9,000 Amount: \$6,192.00 (Option Line Item) 10/01/2010</p> <p>Accounting Info: 0100A11DPS-2011-1117900000-EXFM004310- 252E0 Funded: \$0.00 \$6,192.00 (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: \$12,384.00. The obligation for this award is shown in box 17(i).</p>	7200	EA	0.86	0.00	

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

\$6,192.00