

ORDER FOR SUPPLIES OR SERVICES

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

1 DATE OF ORDER 03/03/2010	2 CONTRACT NO (If any) CPSC-N-10-0123	6. SHIP TO:	
3 ORDER NO	4 REQUISITION/REFERENCE NO.	a. NAME OF CONSIGNEE CONSUMER PRODUCT SAFETY COMMISSION	

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: BARBARA DORWIN MEDICAL RECORDS	f. SHIP VIA
a NAME OF CONTRACTOR ZEELAND COMMUNITY HOSPITAL	
b COMPANY NAME	8. TYPE OF ORDER

c STREET ADDRESS 8333 FELCH STREET	<input checked="" type="checkbox"/> a. PURCHASE	<input type="checkbox"/> b. DELIVERY
	REFERENCE YOUR:	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 ZEELAND	e. STATE MI	

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 type="checkbox"/> d. WOMEN-OWNED <input checked="" type="checkbox"/> b. OTHER THAN SMALL <input type="checkbox"/> e. HUBZone <input type="checkbox"/> c. DISADVANTAGED <input type="checkbox"/> f. EMERGING SMALL BUSINESS <input type="checkbox"/> g. SERVICE-DISABLED VETERAN-OWNED	

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: [REDACTED] HOSPITAL ID# 8V073065 BASIC CONTRACT: 10/01/09 THRU 09/30/10 Accounting Info: 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			\$3,930.00
b. STREET ADDRESS (or P.O. Box) DIVISION OF FINANCIAL SERVICES 4330 EAST WEST HWY ROOM 522			17(i) GRAND TOTAL
c CITY BETHESDA	d STATE MD	e. ZIP CODE 20814	

22. UNITED STATES OF AMERICA BY (Signature) 	23 NAME (Typed) Doris B. Kessler TITLE CONTRACTING/ORDERING OFFICER
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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
03/03/2010

CONTRACT NO
CPSC-N-10-0123

ORDER NO

ITEM NO (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0001	<p>0100A1GDPS-2010-1117900000-EXFM004310-252E0</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: 750 MAXIMUM QTY: 3,750</p> <p>Period of Performance: 10/01/2009 to 09/30/2010</p>	3000	EA	1.31	3,930.00	
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: 750 MAXIMUM QTY: 3,750 Amount: \$3,930.00 (Option Line Item) 10/01/2010</p> <p>Accounting Info: 0100A1GDPS-2010-1117900000-EXFM004310- 252E0 \$3,930.00 (Subject to Availability of Funds) Period of Performance: 10/01/2010 to 09/30/2011</p> <p>The total amount of award: \$7,860.00. The obligation for this award is shown in box 17(i).</p>	3000	EA	1.31	0.00	

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

\$3,930.00