

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 01/25/2010	2 CONTRACT NO. (If any) CPSC-N-10-0096	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 SARAH BECKHAM DIRHEALTH INFO SV	f. SHIP VIA
a NAME OF CONTRACTOR NORTH MISSISSIPPI MEDICAL CENTER INC	

b COMPANY NAME	<input checked="" type="checkbox"/> a. PURCHASE REFERENCE YOUR:	<input type="checkbox"/> b. DELIVERY
c STREET ADDRESS 830 SOUTH GLOSTER STREET	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 TUPELO	e. STATE MS	f. ZIP CODE 38801-4996

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.

9. ACCOUNTING AND APPROPRIATION DATA 10 PS EXFM 4310 11179 252E	10. REQUISITIONING OFFICE CONSUMER PRODUCT SAFETY COMMISSION
--	---

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 <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# 5A731068 This contract is being incrementally funded in the amount of \$6,450.00 for the period 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		\$6,450.00
	b STREET ADDRESS (or P O. Box)	DIVISION OF FINANCIAL SERVICES 4330 EAST WEST HWY ROOM 522		\$6,450.00
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 01/25/2010	CONTRACT NO CPSC-N-10-0096	ORDER NO.
-----------------------------	-------------------------------	-----------

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0001	<p>October 1, 2009 through February 28, 2010. Additional funding will be provided, by modification, when funds become available.</p> <p>Admin Office: CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814</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>	5000	EA	1.29	6,450.00	
0002	<p>Period of Performance: 10/01/2009 to 09/30/2010</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: \$15,480.00 (Option Line Item) 10/01/2010</p> <p>Accounting Info: 11-PS-EXFM-4310-11179-252E \$15,480.00 (Subject to Availability of Funds) Period of Performance: 10/01/2010 to 09/30/2011 Continued ...</p>	12000	EA	1.29	0.00	

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

\$6,450.00

**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
01/25/2010

CONTRACT NO.
CPSC-N-10-0096

ORDER NO.

ITEM NO (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	The total amount of award: \$21,930.00. The obligation for this award is shown in box 17(i).					

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

\$0.00