

**ORDER FOR SUPPLIES OR SERVICES**

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

1 DATE OF ORDER 01/21/2010	2. CONTRACT NO. (If any) CPSC-N-10-0093	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:	f. SHIP VIA
a NAME OF CONTRACTOR PATY BURKE	

b COMPANY NAME		8. TYPE OF ORDER	
c. STREET ADDRESS		<input checked="" type="checkbox"/> a. PURCHASE	<input type="checkbox"/> b. DELIVERY
d. CITY HOPE		REFERENCE YOUR:	
e. STATE AR	f. ZIP CODE 71801	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.	

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 checked="" type="checkbox"/> a. SMALL	<input type="checkbox"/> b. OTHER THAN SMALL	<input type="checkbox"/> c. DISADVANTAGED	<input type="checkbox"/> g. SERVICE-DISABLED VETERAN-OWNED		
<input checked="" 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# 3T274055  This contract is being incrementally funded in the amount of \$4,234.78 for the period of October 1, 2009 through February 28, 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				\$4,234.78		17(i) GRAND TOTAL
b. STREET ADDRESS (or P.O. Box) DIVISION OF FINANCIAL SERVICES 4330 EAST WEST HWY ROOM 522				\$4,234.78		
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

CONTRACT NO.

ORDER NO.

01/21/2010

CPSC-N-10-0093

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0001	<p>2010. Additional funding will be provided, by modification, when funds become available. Period of Performance: 10/01/2009 to 09/30/2010</p> <p>ESTIMATED QUANTITY NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</p> <p>MINIMUM QTY: 825 MAXIMUM QTY: 4,125</p> <p>Delivery: 09/30/2010 Accounting Info: 10-PS-EXFM-4310-11179-252E Funded: \$4,097.50</p>	1375	EA	2.98	4,097.50	
0002	<p>ESTIMATED QUANTITY SUPPLEMENTAL/SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</p> <p>MINIMUM QTY: 50 MAXIMUM QTY: 500</p> <p>Delivery: 09/30/2010 Accounting Info: 10-PS-EXFM-4310-11179-252E Funded: \$137.28</p>	208	EA	0.66	137.28	
0003	<p>OPTION PERIOD: 10/01/10 THRU 09/30/11</p> <p>ESTIMATED QUANTITY NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS.</p> <p>MINIMUM QTY: 825 MAXIMUM QTY: 4,125 Amount: \$9,834.00 (Option Line Item) 10/01/2010</p> <p>Continued ...</p>	3300	EA	2.98	0.00	

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

\$4,234.78

**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 01/21/2010	CONTRACT NO. CPSC-N-10-0093	ORDER NO
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ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0004	<p>Delivery: 09/30/2011 Accounting Info: 11-PS-EXFM-4310-11179-2523 Funded: \$0.00 \$9,834.00 (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: 50 MAXIMUM QTY: 500 Amount: \$330.00 (Option Line Item) 10/01/2010</p> <p>Delivery: 09/30/2011 Accounting Info: 11-PS-EXFM-4310-11179-252E Funded: \$0.00 \$330.00 (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: \$14,398.78. The obligation for this award is shown in box 17(i).</p>	500	EA	0.66	0.00	

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

\$0.00