

05

ORDER FOR SUPPLIES OR SERVICES

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

| | | | |
|--------------------------------|--|---|--|
| 1. DATE OF ORDER 12/30/2009 | 2. CONTRACT NO. (If any) CPSC-N-10-0057 | 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: a. NAME OF CONTRACTOR COLEMAN DEBBIE. | f. SHIP VIA |
| b. COMPANY NAME | 8. TYPE OF ORDER |

| | | |
|--|---|--------------------------------------|
| c. STREET ADDRESS [REDACTED] PO BOX 1603 | <input checked="" type="checkbox"/> a. PURCHASE REFERENCE YOUR | <input type="checkbox"/> b. DELIVERY |
| d. CITY KOSCIUSKO | e. STATE MS | f. ZIP CODE 39090-1603 |

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.

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 See Schedule | 10. REQUISITIONING OFFICE CONSUMER PRODUCT SAFETY COMMISSION |
|--|---|

| | |
|--|---------------------------------|
| 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: [REDACTED] HOSPITAL ID# 8A122065 This contract is being incrementally funded in the amount of \$1,652.47 for the period of October 1, 2009 through January 31, 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 | | | \$1,652.47 |
| 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 |
|---|---|

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 12/30/2009 | CONTRACT NO CPSC-N-10-0057 | ORDER NO |
|-----------------------------|-------------------------------|----------|

| ITEM NO (a) | SUPPLIES/SERVICES (b) | QUANTITY ORDERED (c) | UNIT (d) | UNIT PRICE (e) | AMOUNT (f) | QUANTITY ACCEPTED (g) |
|----------------|---|-------------------------|-------------|-------------------|---------------|--------------------------|
| 0001 | 2010. additional fundind will be provided, by modification, when funds become available. Admin Office: CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814 Period of Performance: 10/01/2009 to 09/30/2010 ESTIMATED QUANTITY NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK. MINIMUM QTY: 325 MAXIMUM QTY: 1,625 Accounting Info: 10-PS-EXFM-4310-11179-252E Funded: \$1,641.07 | 433 | EA | 3.79 | 1,641.07 | |
| 0002 | ESTIMATED QUANTITY SUPPLEMENTAL/SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK. MINIMUM QTY: 4 MAXIMUM QTY: 35 Accounting Info: 10-PS-EXFM-4310-11179-252E Funded: \$11.40 | 12 | EA | 0.95 | 11.40 | |
| 0003 | OPTION PERIOD: 10/01/10 THRU 09/30/11 ESTIMATED QUANTITY NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS. MINIMUM QTY: 325 Continued ... | 1300 | EA | 3.79 | 0.00 | |

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

\$1,652.47

ORDER FOR SUPPLIES OR SERVICES

PAGE NO

SCHEDULE - CONTINUATION

3

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

| | | |
|-----------------------------|-------------------------------|-----------|
| DATE OF ORDER 12/30/2009 | CONTRACT NO CPSC-N-10-0057 | ORDER NO. |
|-----------------------------|-------------------------------|-----------|

| ITEM NO (a) | SUPPLIES/SERVICES (b) | QUANTITY ORDERED (c) | UNIT (d) | UNIT PRICE (e) | AMOUNT (f) | QUANTITY ACCEPTED (g) |
|----------------|---|-------------------------|-------------|-------------------|---------------|--------------------------|
| | MAXIMUM QTY: 1,625 Amount: \$4,927.00 (Option Line Item) 10/01/2010 Accounting Info: 11-PS-EXFM-4310-11179-252E Funded: \$0.00 \$4,927.00 (Subject to Availability of Funds) \$0.00 (Subject to Availability of Funds) Period of Performance: 10/01/2010 to 09/30/2011 | | | | | |
| 0004 | ESTIMATED QUANTITY SUPPLEMENTAL/SPECIAL STUDY REPORTS. MINIMUM QTY: 4 MAXIMUM QTY: 35 Amount: \$33.25 (Option Line Item) 10/01/2010 Accounting Info: 11-PS-EXFM-4310-11179-252E Funded: \$0.00 \$33.25 (Subject to Availability of Funds) \$0.00 (Subject to Availability of Funds) Period of Performance: 10/01/2010 to 09/30/2011 The total amount of award: \$6,612.72. The obligation for this award is shown in box 17(i). | 35 | EA | 0.95 | 0.00 | |

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

\$0.00