

ORDER FOR SUPPLIES OR SERVICES

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

1. DATE OF ORDER 11/10/2009	2. CONTRACT NO. (If any) CPSC-N-10-0007	6. SHIP TO:	
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		a. NAME OF CONSIGNEE CONSUMER PRODUCT SAFETY COMMISSION	

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
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7. TO:	f. SHIP VIA
a. NAME OF CONTRACTOR PAM SCHEER	8. TYPE OF ORDER

b. COMPANY NAME	<input checked="" type="checkbox"/> a. PURCHASE	<input type="checkbox"/> b. DELIVERY
c. CITY TETONIA	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.
e. STATE ID	f. ZIP CODE 83467	

9. ACCOUNTING AND APPROPRIATION DATA 10 PS EXFM 4310 11179 252E	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 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#: 3W336055 BASIC CONTRACT: 10/01/09 THRU 09/30/10 This contract is being incrementally funded in the amount of \$2,260.00 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		\$2,260.00
	b. STREET ADDRESS (or P.O. Box)	DIVISION OF FINANCIAL SERVICES 4330 EAST WEST HWY ROOM 522		\$2,260.00
c. CITY	d. STATE	e. ZIP CODE		
	BETHESDA	MD	20814	17(i) GRAND TOTAL

22. UNITED STATES OF AMERICA BY (Signature)

Doris B. Kessler

23. NAME (Typed)
Doris B. Kessler
TITLE: CONTRACTING/ORDERING OFFICER

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

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DATE OF ORDER 11/10/2009	CONTRACT NO. CPSC-N-10-0007	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)
	<p>October 1, 2009 through March 31, 2010. Additional funds 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>Period of Performance: 10/01/2009 to 09/30/2010</p>					
0001	<p>ESTIMATED QUANTITY NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</p> <p>MINIMUM QTY: 325 MAXIMUM QTY: 1,625</p>	650	EA	3.29	2,138.50	
0002	<p>ESTIMATED QUANTITY SUPPLEMENTAL/SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</p> <p>MINIMUM QTY: 30 MAXIMUM QTY: 300</p>	150	EA	0.81	121.50	
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: 325 MAXIMUM QTY: 1,625 Amount: \$4,277.00 (Option Line Item)</p> <p>Accounting Info: 11-PS-EXFM-4310-11179-252E \$4,277.00 Period of Performance: 10/01/2010 to 09/30/2011 Continued ...</p>	1300	EA	3.29	0.00	

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

\$2,260.00

SCHEDULE - CONTINUATION

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DATE OF ORDER	CONTRACT NO.	ORDER NO.
11/10/2009	CPSC-N-10-0007	

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0004	<p>ESTIMATED QUANTITY SUPPLEMENTAL/SPECIAL STUDY REPORTS.</p> <p>MINIMUM QTY: 30 MAXIMUM QTY: 30 Amount: \$243.00 (Option Line Item)</p> <p>Accounting Info: 11-PS-EXFM-4310-11179-252E \$243.00 Period of Performance: 10/01/2010 to 09/30/2011</p> <p>The total amount of award: \$6,780.00. The obligation for this award is shown in box 17(i).</p>	300	EA	0.81	0.00	

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

\$0.00