

ORDER FOR SUPPLIES OR SERVICES

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

1. DATE OF ORDER 11/06/2009	2. CONTRACT NO. (If any) CPSC-N-10-0004	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: TERESA HARRINGTON	f. SHIP VIA
a. NAME OF CONTRACTOR TERESA HARRINGTON	

b. COMPANY NAME	<input checked="" type="checkbox"/> a. PURCHASE	<input type="checkbox"/> b. DELIVERY
c. STREET ADDRESS [REDACTED]	REFERENCE YOUR:	
	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 WORLAND	e. STATE WY	f. ZIP CODE 82401

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)) <input checked="" type="checkbox"/> a. SMALL <input checked="" type="checkbox"/> d. WOMEN-OWNED <input 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	12. F.O.B. POINT Destination
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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
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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#: 3D343055 BASIC CONTRACT: 10/01/09 THRU 09/30/10  This contract is being incrementally funded in the amount of \$2,192.62 for the period 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			\$2,192.62
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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**ORDER FOR SUPPLIES OR SERVICES  
SCHEDULE - CONTINUATION**

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DATE OF ORDER	CONTRACT NO.	ORDER NO.
11/06/2009	CPSC-N-10-0004	

ITEM NO.	SUPPLIES/SERVICES	QUANTITY ORDERED	UNIT	UNIT PRICE	AMOUNT	QUANTITY ACCEPTED
(a)	(b)	(c)	(d)	(e)	(f)	(g)
	October 1, 2009 through March 31, 2010. Additional funds 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					
0001	ESTIMATED QUANTITY NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.  MINIMUM QTY:       350 MAXIMUM QTY:     1,750	700	EA	2.37	1,659.00	
0002	ESTIMATED QUANTITY SUPPLEMENTAL/SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.  MINIMUM QTY:       40 MAXIMUM QTY:     400	200	EA	0.59	118.00	
0003	REIMBURSEMENT FOR ESTIMATED MONTHLY RECURRING COMMUNICATION CHARGES.	6	MO	69.27	415.62	
0004	OPTION PERIOD: 10/01/10 THRU 09/30/11  ESTIMATED QUANTITY NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS.  MINIMUM QTY:       350 MAXIMUM QTY:     1,750 Continued ...	1400	EA	2.37	0.00	

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

\$2,192.62

**SCHEDULE - CONTINUATION**

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DATE OF ORDER 11/06/2009	CONTRACT NO. CPSC-N-10-0004	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)
	Amount: \$3,318.00 (Option Line Item)  Accounting Info: 11-PS-EXFM-4310-11179-252E \$3,318.00 Period of Performance: 10/01/2010 to 09/30/2011					
0005	ESTIMATED QUANTITY SUPPLEMENTAL/SPECIAL STUDY REPORTS.  MINIMUM QTY: 40 MAXIMUM QTY: 400 Amount: \$236.00 (Option Line Item)  Accounting Info: 11-PS-EXFM-4310-11179-252E \$236.00 Period of Performance: 10/01/2010 to 09/30/2011	400	EA	0.59	0.00	
0006	REIMBURSEMENT FOR ESTIMATED MONTHLY RECURRING COMMUNICATION CHARGES. Amount: \$831.24 (Option Line Item)  Accounting Info: 11-PS-EXFM-4310-11179-252E \$831.24 Period of Performance: 10/01/2010 to 09/30/2011  The total amount of award: \$6,577.86. The obligation for this award is shown in box 17(i).	12	MO	69.27	0.00	

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

\$0.00