

ORDER FOR SUPPLIES OR SERVICES

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

1. DATE OF ORDER 02/04/2009		2. CONTRACT NO. (If any)		6. SHIP TO:		
3. ORDER NO. DTMA1N09012		4. REQUISITION/REFERENCE NO. PR400090011		a. NAME OF CONSIGNEE No Shipping Information		
5. ISSUING OFFICE (Address correspondence to) DOT/Maritime Administration, MAR-380 1200 New Jersey Ave SE, MAR380 W26-429 Washington DC 20590				b. STREET ADDRESS		
7. TO:		c. CITY		d. STATE	e. ZIP CODE	
a. NAME OF CONTRACTOR		f. SHIP VIA				
b. COMPANY NAME STAT-USA		8. TYPE OF ORDER				
c. STREET ADDRESS U.S. Department of Commerce, HCHB Room 4885		<input checked="" type="checkbox"/> a. PURCHASE 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.			<input type="checkbox"/> b. DELIVERY - 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.	
d. CITY Washington	e. STATE DC	f. ZIP CODE 20230		10. REQUISITIONING OFFICE DOT/Maritime Administration, MAR-410		
9. ACCOUNTING AND APPROPRIATION DATA 7009 - 1750 - HQ2009 - 10POEDO - E2 - 3000 - 01 - 23201 - 26960 - - 6100 - - 6600 - - 11 - - N96133				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"/> g. SERVICE-DISABLED VETERAN-OWNED <input type="checkbox"/> d. WOMEN-OWNED <input type="checkbox"/> e. HUBZone <input type="checkbox"/> f. EMERGING SMALL BUSINESS				12. F.O.B. POINT Destination		
13. PLACE OF		14. GOVERNMENT B/L NO.	15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date)		16. DISCOUNT TERMS	
a. INSPECTION	b. ACCEPTANCE					

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)
	SEE LINE ITEM DETAIL					

SEE BILLING INSTRUCTIONS ON REVERSE	18. SHIPPING POINT		19. GROSS SHIPPING WEIGHT		20. INVOICE NO.		17(h) TOT. (Cont. pages) 17(i) GRAND TOTAL \$300.00
	21. MAIL INVOICE TO:						
	a. NAME No Invoice Information						
	b. STREET ADDRESS (or P.O. Box)						
	c. CITY		d. STATE	e. ZIP CODE			

22. UNITED STATES OF AMERICA BY (Signature) 

23. NAME (Typed)
Judy A. Bowers
TITLE: CONTRACTING/ORDERING OFFICER

**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 02/04/2009	CONTRACT NO.	ORDER NO. DTMA1N09012
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ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0001	<p><i>Designated User: Gail Perkins Maritime Administration Washington, DC 20590 Phone: (202) 366-5484/Fax: (202) 366-7403 email: helen.littleton@dot.gov</i></p> <p>USA Trade Online Svc Online Service</p> <p>See the attached price quote and justification.</p> <p align="center"><i>Start Date End Date</i> 01/29/2009 01/28/2010</p> <p>Reference Requisition: PR400090011</p>	1.00		300.000	300.00	

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17i) ⇒ \$300.00