

ORDER FOR SUPPLIES OR SERVICES

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

1. DATE OF ORDER 10/18/2011		2. CONTRACT NO. (If any) DTMA8C05014		6. SHIP TO: a. NAME OF CONSIGNEE Cape Isabel	
3. ORDER NO. CTM14P2012002		4. REQUISITION/REFERENCE NO. MA-PR617-20120009		b. STREET ADDRESS Crowley Technical Mgt COTR: AL LIPSKI 2980 Nimitz Road, Pier T-15	
5. ISSUING OFFICE (Address correspondence to) U.S. DOT/ Maritime Administration Pacific Div. Acquisition Office MAR 380-4 201 Mission Street Suite 1800 San Francisco CA 94105				c. CITY Long Beach	
				d. STATE CA	
				e. ZIP CODE 90802-1048	
7. TO: Patricia Murphy				f. SHIP VIA	
a. NAME OF CONTRACTOR Crowley Technical Management, Inc.				8. TYPE OF ORDER	
b. COMPANY NAME				<input type="checkbox"/> a. PURCHASE	
c. STREET ADDRESS 9487 Regency Square Blvd				REFERENCE YOUR:	
d. CITY Jacksonville				e. STATE FL	
				f. ZIP CODE 32225-8126	
9. ACCOUNTING AND APPROPRIATION DATA See Schedule				10. REQUISITIONING OFFICE U.S. DOT/Maritime Administration	
11. BUSINESS CLASSIFICATION (Check appropriate box(es))				12. F.O.B. POINT Destination	
<input type="checkbox"/> a. SMALL				<input type="checkbox"/> b. DELIVERY	
<input type="checkbox"/> b. OTHER THAN SMALL				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.	
<input type="checkbox"/> c. DISADVANTAGED				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"/> d. WOMEN-OWNED					
<input type="checkbox"/> e. HUBZone					
<input type="checkbox"/> f. EMERGING SMALL BUSINESS					
<input type="checkbox"/> g. SERVICE-DISABLED VETERAN-OWNED					
13. PLACE OF		14. GOVERNMENT B/L NO.		15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date)	
a. INSPECTION Destination		b. ACCEPTANCE Destination		16. DISCOUNT TERMS	

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)
	ISABEL SMFF (W/CREW) CTM-ISB12-1002A THIS TASK ORDER INCORPORATES FAR 52.232-18 AVAILABILITY OF FUNDS. THIS ORDER CONFIRMS VERBAL GIVEN TO PROCEED 10/1/11. Continued ...					

18. SHIPPING POINT		19. GROSS SHIPPING WEIGHT		20. INVOICE NO.		17(h) TOTAL (Cont. pages)	
21. MAIL INVOICE TO:							
a. NAME MARAD A/P INVOICES						\$174,475.75	
b. STREET ADDRESS (or P.O. Box) 6500 SOUTH MACARTHUR BLVD							
c. CITY OKLAHOMA CITY		d. STATE OK		e. ZIP CODE 73169		\$174,475.75	
22. UNITED STATES OF AMERICA BY (Signature) 				23. NAME (Typed) Patricia L. Etridge TITLE: CONTRACTING/ORDERING OFFICER			17(i) GRAND TOTAL

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

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DATE OF ORDER 10/18/2011	CONTRACT NO. DTMA8C05014	ORDER NO. CTM14P2012002
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ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0704AA	<p>Admin Office: U. S. DOT Maritime Administration Pacific Div. Acquisition Office MAR 380.4 201 Mission Street Suite 1800 San Francisco CA 94804</p> <p>Accounting Info: 70XR161710.2012.91940ISB00.1261000000.25418. 61006600.7012611940ISB0 Period of Performance: 09/30/2011 to 09/30/2012</p> <p>ROS (with crew) CAPE ISABEL</p> <p>Purpose of this PR is to provide partial funding in support of Ship Manager Fixed Fees for 01 to 31 October 2011.</p> <p>The total amount of award: \$174,475.75. The obligation for this award is shown in box 17(i).</p>	31	DA	5,628.25	174,475.75	

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

\$174,475.75