

ORDER FOR SUPPLIES OR SERVICES

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

1. DATE OF ORDER 07/21/2009		2. CONTRACT NO. (If any) GS-02F-0141P		6. SHIP TO: Velma Marshall		
3. ORDER NO. DTMA1F09111		4. REQUISITION/REFERENCE NO. PR300090156		a. NAME OF CONSIGNEE DOT/Maritime Administration, MAR-300		
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 1200 New Jersey Avenue, SE, W28-303		
7. TO:		c. CITY Washington		d. STATE DC	e. ZIP CODE 20590	
a. NAME OF CONTRACTOR Tony Ellison				f. SHIP VIA		
b. COMPANY NAME Ellison Systems Inc.				8. TYPE OF ORDER		
c. STREET ADDRESS 90 Broad Street, 22nd Floor				<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 New York		e. STATE NY	f. ZIP CODE 10004-2205			
9. ACCOUNTING AND APPROPRIATION DATA 7009 - - 1750HQ - 10EMOE3 - 00 - 2009 - - 000013900 - 526690 - - 6100 - - 6600 - - 11 - - N96402				10. REQUISITIONING OFFICE DOT/Maritime Administration, MAR-300		
11. BUSINESS CLASSIFICATION (Check appropriate box(es)) <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 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) 08/21/2009		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
	21. MAIL INVOICE TO: Tammy Curnett						
	a. NAME DOT/ Enterprise Services Center (ESC) OFO/FAA, Oklahoma City						
	b. STREET ADDRESS (or P.O. Box) MARAD A/P Branch, AMZ-150 PO Box 25710						
c. CITY Oklahoma City			d. STATE OK	e. ZIP CODE 73125		\$547.14	

22. UNITED STATES OF AMERICA BY (Signature) 			23. NAME (Typed) Judy A. Bowers TITLE: CONTRACTING/ORDERING OFFICER		
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**ORDER FOR SUPPLIES OR SERVICES
SCHEDULE - CONTINUATION**

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DATE OF ORDER 07/21/2009	CONTRACT NO. GS-02F-0141P	ORDER NO. DTMA1F09111
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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	First Aid Kit Organized First Aid Kit, JOJ-8123 <i>Delivery Date</i> 08/21/2009 Reference Requisition: PR300090156	4.00	EA	14.000	56.00	
0002	Latex Gloves Disposal General Purpose Latex Gloves, 145904	8.00	EA	7.500	60.00	
0003	Hand Sanitizer Purell 2-Liter bottle Hand Sanitizer, 854656	8.00	EA	21.580	172.64	
0004	Wipes Disinfecting Wipes, MMM-CL564	12.00	EA	4.000	48.00	
0005	Lumber Rest Lumbar Rest with Smart Fit, KMW-62823	2.00	EA	25.750	51.50	
0006	Seat Rest Seat Rest, KMW-82024	4.00	EA	29.000	116.00	
0007	Back Rest High Profile Back rest, SAF-71491	2.00	EA	21.500	43.00	

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17i) ⇒ \$547.14