

ORDER FOR SUPPLIES OR SERVICES

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

1. DATE OF ORDER 07/09/2007	2. CONTRACT NO. (If any)	6. SHIP TO: JOHN C. WIEGAND		
3. ORDER NO. DTMA1V07099	4. REQUISITION/REFERENCE NO.	a. NAME OF CONSIGNEE DOT/Maritime Administration, MAR-610		
5. ISSUING OFFICE (Address correspondence to) DOT/Maritime Administration, MAR-380 1200 New Jersey Ave., SE MAR380, W28-201		b. STREET ADDRESS 1200 New Jersey Ave., SE MAR380, W28-201		
Washington DC 20590		c. CITY Washington	d. STATE DC	e. ZIP CODE 20590
7. TO:		f. SHIP VIA		
a. NAME OF CONTRACTOR JOHN B. DAVIS		8. TYPE OF ORDER		
b. COMPANY NAME GENERAL HEALTH PHYSICS		<input checked="" type="checkbox"/> a. PURCHASE REFERENCE YOUR: 04/12/2007 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.		
c. STREET ADDRESS 7217 LOCKPORT PL.		<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 LORTON	e. STATE VA	f. ZIP CODE 22079		
9. ACCOUNTING AND APPROPRIATION DATA - 69 - X768 - 1 - 07 - SD - - 160000 - SDSAV0 - - 25305 - - - - -		10. REQUISITIONING OFFICE DOT/Maritime Administration, MAR-610		

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"/> d. WOMEN-OWNED
12. F.O.B. POINT Destination	14. GOVERNMENT B/L NO.	15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date)	16. DISCOUNT TERMS
13. PLACE OF			10 days % 20 days % 30 days % days %
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)
	21. MAIL INVOICE TO: Kelly Nelson				
	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	\$2,259.20	17(i) GRAND TOTAL

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

PAGE NO.
3 of 3

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

DATE OF ORDER 07/09/2007	CONTRACT NO.	ORDER NO. DTMA1V07099
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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	General Health Physics Services Conduct periodic radation surveillance of the N.S. SAVANNAH	1.00	NTE	1,988.200	1,988.20	
0001AA	Travel	1.00	NTE	271.000	271.00	

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17i) ⇒ \$2,259.20