ORDER FOR SUPPLIES OR SERVICES

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

1. DATE OF ORDER: 12/27/2011
2. CONTRACT NO. *(If any)*: DTMA1D09003
3. ORDER NO.: DO120000011
4. REQUISITION/REFERENCE NO.:

5. ISSUING OFFICE *(Address correspondence to)*
DOT/Maritime Administration, MAR-380
1200 New Jersey Ave SE, MAR380 W26-429
Washington DC 20590

6. SHIP TO: Jim Kahler
a. NAME OF CONSIGNEE: DOT/Maritime Administration, MAR-612
b. STREET ADDRESS: 1200 New Jersey Ave SE, MAR-612, W25-209
c. CITY: Washington
d. STATE: DC
e. ZIP CODE: 20590
f. SHIP VIA:

7. TO:
a. NAME OF CONTRACTOR:
b. COMPANY NAME: **California Sealift Terminals Inc**
c. STREET ADDRESS: **3971 Doctors Lake Drive**
d. CITY: **Orange Park**
e. STATE: **FL**
f. ZIP CODE: **32065-6905**

8. TYPE OF ORDER
☐ 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.
☒ 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.

9. ACCOUNTING AND APPROPRIATION DATA
See Line Item Detail

10. REQUISITIONING OFFICE:

11. BUSINESS CLASSIFICATION *(Check appropriate box(es))*
☑ a. SMALL ☐ b. OTHER THAN SMALL ☐ c. DISADVANTAGED ☐ g. SERVICE-DISABLED VETERAN-OWNED
☐ d. WOMEN-OWNED ☐ e. HUBZone ☐ f. EMERGING SMALL BUSINESS

12. F.O.B. POINT: Destination

13. PLACE OF
a. INSPECTION:
b. ACCEPTANCE:

14. GOVERNMENT B/L NO.:

15. DELIVER TO F.O.B. POINT ON OR BEFORE *(Date)*:

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)
	SEE LINE ITEM DETAIL					

18. SHIPPING POINT:
19. GROSS SHIPPING WEIGHT:
20. INVOICE NO.:
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

SEE BILLING INSTRUCTIONS ON REVERSE

17(h) TOT. *(Cont. pages)*

17(i) GRAND TOTAL: $50,000.00

22. UNITED STATES OF AMERICA BY *(Signature)*

23. NAME *(Typed)*
Benedict J. Burnowski
TITLE: CONTRACTING/ORDERING OFFICER

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Previous edition not usable

OPTIONAL FORM 347 (REV. 3/2005)
Prescribed by GSA/FAR 48 CFR 53.213(e)

SUPPLEMENTAL INVOICING INFORMATION

If desired, this order (or a copy thereof) may be used by the Contractor as the Contractor's invoice, instead of a separate invoice, provided the following statement, (signed and dated) is on (or attached to) the order: "Payment is requested in the amount of $_____. No other invoice will be submitted." However, if the Contractor wishes to submit an invoice, the following information must be provided; contract number (if any), order number, item number(s), description of supplies or service, sizes, quantities, unit prices, and extended totals. Prepaid shipping costs will be indicated as a separate item on the invoice. Where shipping costs exceed $10 (except for parcel post), the billing must be supported by a bill of lading or receipt. When several orders are invoiced to an ordering activity during the same billing period, consolidated periodic billings are encouraged.

RECEIVING REPORT

Quantity in the "Quantity Accepted" column on the face of this order has been: ☐ inspected, ☐ accepted, ☐ received by me and conforms to contract. Items listed below have been rejected for the reasons indicated.

SHIPMENT NUMBER	PARTIAL / FINAL	DATE RECEIVED	SIGNATURE OF AUTHORIZED U.S. GOV'T REP.	DATE
TOTAL CONTAINERS	GROSS WEIGHT	RECEIVED AT	TITLE	

REPORT OF REJECTIONS

ITEM NO.	SUPPLIES OR SERVICES	UNIT	QUANTITY REJECTED	REASON FOR REJECTION

ORDER FOR SUPPLIES OR SERVICES
SCHEDULE - CONTINUATION

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

DATE OF ORDER	CONTRACT NO.	ORDER NO.
12/27/2011	DTMA1D09003	DO120000011

ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	This delivery order provides funding for layberthing services provided in accordance with Contract DTMA1D09003 and is effective for the Contract's period of performance as modified.					
0001 OPTION YEAR	Layberth Services for the Petersburg and Cape Hudson	1.00	NTE	50,000.000	50,000.00	
	Funding Information: 70 - - XR1617 - 1020129 - C1 - HQ41 - PT - B12610000 - 00232 - 90 61006600 - /7 - 0116 - 1C1HQ - 41 - - PTB $22,500.00					
	70 - - XR1617 - 1020129 - C1 - HQ41 - HU - D12610000 - 0023290 - 61 - 006600 - /7 - 0116 - 1C1HQ - 41 - - HUD $27,500.00					
	Purchase Request Number MA-PR612-20120023FY11-6.					

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17i) ⇒ $50,000.00