

**ORDER FOR SUPPLIES OR SERVICES**

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

1. DATE OF ORDER 09/24/2009	2. CONTRACT NO. (If any) DTMA8C05004	6. SHIP TO: No Contacts Identified		
3. ORDER NO. CLS04S09021	4. REQUISITION/REFERENCE NO. PRSAR090511	a. NAME OF CONSIGNEE DOT/Maritime Administration, Atlantic Division		
5. ISSUING OFFICE (Address correspondence to)  DOT/Maritime Administration, Atlantic Division Acquisition Office of Acquisition, MRG-7200 7737 Hampton Boulevard, Building 19, Suite 300  Norfolk VA 23505		b. STREET ADDRESS CAPE WRATH		
		c. CITY	d. STATE	e. ZIP CODE

7. TO: a. NAME OF CONTRACTOR	f. SHIP VIA
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b. COMPANY NAME <b>Crowley Technical Management, Inc.</b>		8. TYPE OF ORDER		
c. STREET ADDRESS <b>9487 REGENCY SQ BLVD</b>		<input type="checkbox"/> a. PURCHASE	<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 <b>JACKSONVILLE</b>	e. STATE <b>FL</b>	f. ZIP CODE <b>32225-8126</b>	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.	

9. ACCOUNTING AND APPROPRIATION DATA 2009 - - X4303 - SPR 809 - 77 - AFWR - A - 0000 - 000000 - 70 - 0977AF - WR - A000 - 26390 - 6100 - 6600 -	10. REQUISITIONING OFFICE DOT/Maritime Administration, South Atlantic Region
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11. BUSINESS CLASSIFICATION (Check appropriate box(es))				12. F.O.B. POINT
<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	Destination
<input type="checkbox"/> d. WOMEN-OWNED	<input type="checkbox"/> e. HUBZone	<input type="checkbox"/> f. EMERGING SMALL BUSINESS		

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)
	<b>SEE LINE ITEM DETAIL</b>					

SEE BILLING INSTRUCTIONS ON REVERSE	18. SHIPPING POINT	19. GROSS SHIPPING WEIGHT	20. INVOICE NO.		17(h) TOT. (Cont. pages)
	21. MAIL INVOICE TO: Gloria Fullerton				
	a. NAME DOT/Maritime Administration, South Atlantic Region				
	b. STREET ADDRESS (or P.O. Box) 7737 Hampton Blvd., Bldg. 4D, Room 211				
	c. CITY Norfolk	d. STATE VA	e. ZIP CODE 23505	\$75,995.00	17(i) GRAND TOTAL

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

PAGE NO.  
3 of 3

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DATE OF ORDER 09/24/2009	CONTRACT NO. DTMA8C05004	ORDER NO. CLS04S09021
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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>Provide fuel and lubes in support of Cape Wrath Turbo Activation 09-4B.</i></p> <p>CLIN 0502AE - CAPE WRATH TA 09-4B FUEL COSTS THIS IS A CONFIRMING ORDER. PROJECT CLS-WRA09-2008B</p> <p>Fuel and lubes The purpose of this project is to provide fuel and lubes for the vessel in support of operations for exercise/mission TA 09-4B.</p> <p>All completed work shall be in compliance with applicable standards as set forth in the Ship Manager contract at C.6.3, Compliance Documents, and subparagraphs thereto, at the time of acceptance.</p> <p align="center"><i>Start Date                      End Date</i> 09/23/2009                      12/31/2009</p> <p>Reference Requisition: PRSAR090511</p>	1.00	JOB	75,995.000	75,995.00	

**TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17i)** ⇒ \$75,995.00