

ORDER FOR SUPPLIES OR SERVICES

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

1. DATE OF ORDER 11/30/2009		2. CONTRACT NO. (If any) DTMA8C05019		6. SHIP TO: No Contacts Identified			
3. ORDER NO. CLS19S10002		4. REQUISITION/REFERENCE NO. PR SAR100170		a. NAME OF CONSIGNEE DOT/Maritime Administration, Atlantic Division Operations			
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 WRIGHT			
				c. CITY		d. STATE	e. ZIP CODE
7. TO: a. NAME OF CONTRACTOR				f. SHIP VIA			
b. COMPANY NAME Crowley Technical Management, Inc.				8. TYPE OF ORDER			
c. STREET ADDRESS 9487 REGENCY SQ BLVD				<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 JACKSONVILLE				e. STATE FL		f. ZIP CODE 32225-8126	
9. ACCOUNTING AND APPROPRIATION DATA 2010 - - X4303 - S10 810 - 21 - ANWR - T - 0000 - 000000 - 70 - 1021AN - WR - T000 - 25432 - 6100 - 6600 -				10. REQUISITIONING OFFICE DOT/Maritime Administration, South Atlantic Region			
11. BUSINESS CLASSIFICATION (Check appropriate box(es)) <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 <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)		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						

18. SHIPPING POINT		19. GROSS SHIPPING WEIGHT		20. INVOICE NO.		17(h) TOT. (Cont. pages)
21. MAIL INVOICE TO: Gloria Fullerton						
a. NAME DOT/ Enterprise Services Center (ESC) OFO/FAA, Oklahoma City						
b. STREET ADDRESS (or P.O. Box) MARAD A/P SAR Invoices Branch, AMZ-150 PO Box 25710,						
c. CITY Oklahoma City		d. STATE OK		e. ZIP CODE 73125		17(i) GRAND TOTAL \$50,000.00

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

PAGE NO.
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DATE OF ORDER 11/30/2009	CONTRACT NO. DTMA8C05019	ORDER NO. CLS19S10002
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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>CLIN 0501AE WRIGHT</p> <p>THIS IS A CONFIRMING ORDER.</p> <p>FY10 USMC LOADEX A1</p> <p>PROJECT NUMBER: CLS-WR110-2013A</p> <p>SHIP MANAGER IS AUTHORIZED TO ACOMPLISH FY10 PROJECT CLS-WR110-2013A. The purpose of this project is to provide support USMC LOADEX exercise. Cost to include additional crewmembers, additional crewmember travel, medical, hire cost, meals, crew overtime, USMC provisions and supplies, fuels, lubes, contractor support as needed, vessel equipment repairs and part support as needed.</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 subparagraph thereto, at the time of acceptance.</p> <p align="center"> <i>Start Date</i> <i>End Date</i> 10/20/2009 10/19/2010 </p> <p>Reference Requisition: PRSAR100170</p>	1.00	JOB	50,000.000	50,000.00	

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