

ORDER FOR SUPPLIES OR SERVICES

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

1. DATE OF ORDER 07/28/2011		2. CONTRACT NO. (If any)		6. SHIP TO:	
3. ORDER NO. DTMA-92-P-2011-0066		4. REQUISITION/REFERENCE NO. MA-PR615.5-20110048		a. NAME OF CONSIGNEE U.S. DOT/Maritime Administration	
5. ISSUING OFFICE (Address correspondence to) U.S.DOT/ Maritime Administration Atlantic Div. Acquisition Office MAR-380-2 7737 Hampton Blvd Building 19 Suite 300 NORFOLK VA 23505-1204				b. STREET ADDRESS Atlantic Division Operations 7737 Hampton Blvd Building 19 Suite 300	
7. TO: Connie Schultheis		c. CITY Norfolk		d. STATE VA	e. ZIP CODE 23505-1204
a. NAME OF CONTRACTOR CHESAPEAKE REGION SAFETY COUNCIL INC		f. SHIP VIA			
b. COMPANY NAME DUNS #155350960		8. TYPE OF ORDER			
c. STREET ADDRESS 17 GOVERNORS CT STE 185		<input checked="" type="checkbox"/> a. PURCHASE REFERENCE YOUR:		<input type="checkbox"/> b. DELIVERY	
d. CITY BALTIMORE		e. STATE MD	f. ZIP CODE 21244-2713		
9. ACCOUNTING AND APPROPRIATION DATA See Schedule		10. REQUISITIONING OFFICE DIV. of ATLANTIC OPERATIONS			
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 <input type="checkbox"/> d. WOMEN-OWNED <input type="checkbox"/> e. HUBZone <input type="checkbox"/> f. EMERGING SMALL BUSINESS					Destination
13. PLACE OF		14. GOVERNMENT B/L NO.		15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date)	
a. INSPECTION Destination	b. ACCEPTANCE Destination				

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)
	The purpose of this purchase order is for provision of an certified instructor to provide National Safety Council Supervisors' Safety Development Program (SSDP) training to personnel at the James River Reserve Fleet in Newports News, VA Continued ...					

SEE BILLING INSTRUCTIONS ON REVERSE	18. SHIPPING POINT		19. GROSS SHIPPING WEIGHT		20. INVOICE NO.		17(h) TOTAL (Cont. pages)	
	21. MAIL INVOICE TO:							
	a. NAME DOT Maritime Administration						\$8,550.00	▲
	b. STREET ADDRESS (or P.O. Box) Atlantic Division Acquisitions Department 7737 Hampton Blvd Building 19 Suite 300						\$8,550.00	
c. CITY NORFOLK		d. STATE VA	e. ZIP CODE 23505-1204					

22. UNITED STATES OF AMERICA BY (Signature)

Monique P. Leake

23. NAME (Typed)
Monique Leake
TITLE: CONTRACTING/ORDERING OFFICER

**ORDER FOR SUPPLIES OR SERVICES
SCHEDULE - CONTINUATION**

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DATE OF ORDER
07/28/2011

CONTRACT NO.

ORDER NO.

DTMA-92-P-2011-0066

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>from 29-31 August 2011.</p> <p>Payment will be made with Government credit after certification of an approved invoice.</p> <p>Admin Office: U. S. DOT Maritime Administration Atlantic Div. Acquisition Office MAR-380.2 7737 Hampton Blvd Building 19 Suite 300 Norfolk VA 23505-1204</p> <p>Accounting Info: 70XR161710.2011.97176NDA00.1161000000.25108. 61006600 / 7011617176NDA0 Period of Performance: 08/29/2011 to 08/31/2011</p>					
0001	<p>Issued for the provision of a 3-day Supervisor's Safety Development Program (SSDP) Training for 10 employees.</p> <p>Course materials include workbook, Supervisor's Safety Manual, 10th Edition and Certificates of Completion awarded by the Chesapeake Region Safety Council upon successful completion of the course.</p>				7,950.00	
0002	<p>Issued for the Instructor's estimated travel expenses in accordance with Federal Travel Regulations (FTR) .</p> <p>In order for an invoice to be processed for payment, it must include your Federal ID Number, Purchase Order Number, and Invoice Number. Without these numbers, your invoice will be returned and payment will be delayed.</p> <p>The total amount of award: \$8,550.00. The obligation for this award is shown in box 17(i) .</p>				600.00	