

**ORDER FOR SUPPLIES OR SERVICES**

PAGE OF PAGES

1

2

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

1. DATE OF ORDER 08/03/2011		2. CONTRACT NO. (If any)		6. SHIP TO: a. NAME OF CONSIGNEE U.S. DOT/Maritime Administration	
3. ORDER NO. DTMA-92-P-2011-0073		4. REQUISITION/REFERENCE NO. MA-PR615.5-20110047		b. STREET ADDRESS Atlantic Division Operations 7737 Hampton Blvd Building 19 Suite 300	
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				c. CITY Norfolk	
				d. STATE VA	
				e. ZIP CODE 23505-1204	
7. TO: a. NAME OF CONTRACTOR HILLER SYSTEMS INCORPORATED (dba: HILLER INVESTMENTS)				f. SHIP VIA	
b. COMPANY NAME DUNS #139289300				8. TYPE OF ORDER	
c. STREET ADDRESS 1242 EXECUTIVE BLVD				<input checked="" type="checkbox"/> a. PURCHASE REFERENCE YOUR: Hiller Condition Report #10010-4 Dated 6/14/2011 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.	
d. CITY CHESAPEAKE				<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.	
e. STATE VA		f. ZIP CODE 23320-3638			
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 Destination	
<input checked="" type="checkbox"/> a. SMALL	<input 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			
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 fleet craft annual fire protection inspection and supplies.  The COR for ordering is Chris Hudgins.  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						\$5,295.45
	b. STREET ADDRESS (or P.O. Box) Atlantic Division Acquisitions Department 7737 Hampton Blvd Building 19 Suite 300						\$5,295.45
c. CITY NORFOLK			d. STATE VA	e. ZIP CODE 23505-1204			17(i) GRAND TOTAL

22. UNITED STATES OF AMERICA BY (Signature) 	23. NAME (Typed) Monique Leake TITLE: CONTRACTING/ORDERING OFFICER
--	--

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

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

DATE OF ORDER 08/03/2011	CONTRACT NO.	ORDER NO. DTMA-92-P-2011-0073
-----------------------------	--------------	----------------------------------

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0001	<p>Payment will be made by Credit Card after receipt of supplies/services and approval of a certified 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: 70XR161710.2011.97176NDA00.1161000000.26110. 61006600 / 7011617176NDA0</p> <p>Annual Inspection Supplies</p> <p>Issued for Contractor to provide material and labor for the annual fleet craft fire protection inspection.</p> <p>Service and material includes: 1 - 75 lb CO2 Extinguisher Recharge 1 - 21.65 lb FM200 Recharge 1 - Kidde with Pull Box 1 - 20 ft 1/16" Pull Cable 1 - Kidde Lever Actuator 3 - Outer O-Rings 1 - 3 cyl, 75# Middle Bracket 1 - 3 cyl, 75# Back Bracket Mounting Bolts 32 hours Labor @ \$80/hr</p> <p>Period of Performance: 08/03/2011 to 08/18/2011 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: \$5,295.45. The obligation for this award is shown in box 17(i).</p>				5,295.45	

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))

\$5,295.45