

ORDER FOR SUPPLIES OR SERVICES

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

1. DATE OF ORDER 05/28/2009	2. CONTRACT NO. (If any) DTMA1H05008	6. SHIP TO: No Contacts Identified		
3. ORDER NO. GAACLS09007	4. REQUISITION/REFERENCE NO. PR SAR090364	a. NAME OF CONSIGNEE DOT/Maritime Administration, South Atlantic Region		
5. ISSUING OFFICE (Address correspondence to) DOT/Maritime Administration, MAR-380 400 Seventh Street, SW., Room 7310 Washington DC 20590		b. STREET ADDRESS DELMONTE		
		c. CITY	d. STATE	e. ZIP CODE

7. TO: a. NAME OF CONTRACTOR	f. SHIP VIA
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b. COMPANY NAME Crowley Liner Services, Inc.		8. TYPE OF ORDER		
c. STREET ADDRESS 9487 Regency Square 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	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 - 55 - AMDE - L - 0000 - 000000 - 70 - 0955AM - DE - L000 - 25417 - 6100 - 6600 -	10. REQUISITIONING OFFICE DOT/Maritime Administration, South Atlantic Region
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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
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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					

SEE BILLING INSTRUCTIONS ON REVERSE	18. SHIPPING POINT	19. GROSS SHIPPING WEIGHT	20. INVOICE NO.		17(h) TOT. (Cont. pages) 17(i) GRAND TOTAL
	21. MAIL INVOICE TO: Gloria Fullerton				
	a. NAME DOT/Maritime Administration, Atlantic Division				
	b. STREET ADDRESS (or P.O. Box) 7737 Hampton Blvd., Bldg. 4D, Room 211				
	c. CITY Norfolk	d. STATE VA	e. ZIP CODE 23505		\$40,625.00

22. UNITED STATES OF AMERICA BY (Signature) 	23. NAME (Typed) Milton G. Spears 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 05/28/2009	CONTRACT NO. DTMA1H05008	ORDER NO. GAACLS09007
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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>GAA FIXED FEES</p> <p>Funding is provided for General Agent Fixed Fees for the period of 29 May 2009 through 30 September 2009 for management of DELMONTE. Invoices are to be input into MARAD's Electronic Invoicing System.</p> <p align="center"> <i>Start Date</i> <i>End Date</i> 05/29/2008 09/30/2009 </p> <p>Reference Requisition: PRSAR090364</p>	125.00	DAY	325.000	40,625.00	

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17i) ⇒ \$40,625.00