

ORDER FOR SUPPLIES OR SERVICES

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

1. DATE OF ORDER 01/28/2010	2. CONTRACT NO. (If any) DTMA8C05008	6. SHIP TO: David Gonzalez		
3. ORDER NO. CLS08C10018	4. REQUISITION/REFERENCE NO. PRCR1000163	a. NAME OF CONSIGNEE DOT/Maritime Administration, DGO Ship Ops - Beaumont Field Office		
5. ISSUING OFFICE (Address correspondence to) DOT/Maritime Administration, DGO Acquisition 500 Poydras Street, Room 1223 New Orleans LA 70130-3394		b. STREET ADDRESS 550 Fannin Street, Suite 1320		
		c. CITY Beaumont	d. STATE TX	e. ZIP CODE 77701

7. TO: a. NAME OF CONTRACTOR	f. SHIP VIA
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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	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 2010 - - X4303 - RRF - 9 - 3240 - - CLM0 - - 70 - 106132 - 40 - CLM0 - 25432 - 6100 - 6600 -	10. REQUISITIONING OFFICE DOT/Maritime Administration, DGO Ship Ops - Beaumont Field Office
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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 Destination	b. ACCEPTANCE Destintion			

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)
	21. MAIL INVOICE TO: Wayne Leong				
	a. NAME DOT/ Enterprise Services Center (ESC) OFO/FAA, Oklahoma City				\$3,500.00
	b. STREET ADDRESS (or P.O. Box) MARAD A/P Headquarters Invoices Branch AMZ-150 PO Box 25710				
c. CITY Oklahoma City		d. STATE OK	e. ZIP CODE 73125		17(i) GRAND TOTAL

22. UNITED STATES OF AMERICA BY (Signature) <i>Marie Casse</i>	23. NAME (Typed) Marie Casse 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 01/28/2010	CONTRACT NO. DTMA8C05008	ORDER NO. CLS08C10018
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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 0503AE Cost reimbursable items (see Attachment J-9) individually funded via task order</p> <p>Award Term Incentive Option 1-year 1, Ship group 8, Ship 3 (CAPE TRINITY)</p> <p>FY10 M&C CLAIM #P10USA002/VR PROJECT NO. CLS-TR110-7004A ACCOUNT NO. 070-004</p> <p>The purpose of this project is to provide for the support of maintenance and cure claim for the ship managers' crewmember's claim number P10USA002/VR.</p> <p align="center"><i>Start Date</i> <i>End Date</i> 01/20/2010 06/30/2010</p> <p>Reference Requisition: PRCR1000163</p>	1.00	LOT	3,500.000	3,500.00	

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17i) ⇒ \$3,500.00