

ORDER FOR SUPPLIES OR SERVICES

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

1. DATE OF ORDER 12/28/2010		2. CONTRACT NO. (If any) GS-25F-0062L		6. SHIP TO: a. NAME OF CONSIGNEE U.S. DOT/Maritime Administration	
3. ORDER NO. DTMA-93-F-11-000001		4. REQUISITION/REFERENCE NO. MA-PR616-20110149		b. STREET ADDRESS Gulf Division Operations Warehouse - New Orleans Poland Ave Berth 3, Door 38	
5. ISSUING OFFICE (Address correspondence to) U.S. DOT/ Maritime Administration Gulf Div.Acquisition Office, MAR 380.3 Hale Boggs Building 500 Poydras Street Suite 1223 New Orleans LA 70130-3396				c. CITY New Orleans	
7. TO: Daniel Shifflett				d. STATE LA	
a. NAME OF CONTRACTOR Xerox Corporation				e. ZIP CODE 70117	
b. COMPANY NAME				f. SHIP VIA	
c. STREET ADDRESS 1301 K ST NW , Suite 200				8. TYPE OF ORDER <input type="checkbox"/> a. PURCHASE <input checked="" type="checkbox"/> b. DELIVERY	
d. CITY Washington		e. STATE DC		f. ZIP CODE 20005	
9. ACCOUNTING AND APPROPRIATION DATA See Schedule				10. REQUISITIONING OFFICE DIV. of GULF OPERATIONS	

11. BUSINESS CLASSIFICATION (Check appropriate box(es)) <input type="checkbox"/> a. SMALL <input type="checkbox"/> d. WOMEN-OWNED				<input checked="" type="checkbox"/> b. OTHER THAN SMALL		<input type="checkbox"/> c. DISADVANTAGED		<input type="checkbox"/> g. SERVICE-DISABLED VETERAN-OWNED		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 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)
	Admin Office: DIV. of GULF OPERATIONS U.S.DOT/MARITIME ADMINISTRATION 500 Poydras Street Suite 1223 New Orleans LA 70130-3394 Accounting Info: 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 MARAD A/P INVOICES						\$3,720.00	17(i) GRAND TOTAL
	b. STREET ADDRESS (or P.O. Box) P.O. BOX 25710						\$3,720.00	
c. CITY OKLAHOMA CITY		d. STATE OK		e. ZIP CODE 73125				

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

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DATE OF ORDER 12/28/2010	CONTRACT NO. GS-25F-0062L	ORDER NO. DTMA-93-F-11-000001
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ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0001	<p>70XR161710.2011.93240MIS00.1161000000.233E0.61006600 / 7011613240MIS0 Period of Performance: 01/01/2011 to 12/31/2011</p> <p>XEROX LEASE AGREEMENT</p> <p>GS-25F-0062L dba XEROX Customer Number: 710844788 - Contract Type: Excess Usage Contract ID Number: 956167852 Xerox Model No. WCP245G, S/N UTT 090518</p> <p>Excess cost per copy is billed at a rate of \$0.0137"</p> <p>PLEASE NOTE: PLEASE PUT PURCHASE ORDER NUMBER ON INVOICES.</p> <p>The total amount of award: \$3,720.00. The obligation for this award is shown in box 17(i).</p>	12	MO	310.00	3,720.00	

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

\$3,720.00