

ORDER FOR SUPPLIES OR SERVICES

PAGE OF PAGES

1

4

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

| | | | | | |
|--|--|--|---------------------------|--|----------------------|
| 1. DATE OF ORDER 09/22/2011 | | 2. CONTRACT NO. (If any) | | 6. SHIP TO: a. NAME OF CONSIGNEE U.S. DOT/Maritime Administration | |
| 3. ORDER NO. DTMA-93-P-2011-0037 | | 4. REQUISITION/REFERENCE NO. MA-PR616-20110534 | | b. STREET ADDRESS Division of Gulf Operations New Orleans Ship Operations Hale Boggs Federal Building 500 Poydras St, Suite 1223 | |
| 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 | | d. STATE LA | e. ZIP CODE 70130 |
| 7. TO: Jack McElligott, Govt Business POC | | f. SHIP VIA | | | |
| a. NAME OF CONTRACTOR SAFETY SHOE DISTRIBUTORS, LLP | | 8. TYPE OF ORDER | | | |
| b. COMPANY NAME | | <input checked="" type="checkbox"/> a. PURCHASE REFERENCE YOUR: | | <input type="checkbox"/> b. DELIVERY | |
| c. STREET ADDRESS 9330 Lawndale St | | 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 Houston | | e. STATE TX | f. ZIP CODE 77012-2705 | | |
| 9. ACCOUNTING AND APPROPRIATION DATA See Schedule | | 10. REQUISITIONING OFFICE U.S.DOT/ Maritime Administration | | | |

| | | | | | |
|---|--|---|--|-------------|--------------------|
| 11. BUSINESS CLASSIFICATION (Check appropriate box(es)) | | | | | 12. F.O.B. POINT |
| <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 | Destination | |
| <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) | | 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) |
|-----------------|--|-------------------------|-------------|-------------------|---------------|--------------------------|
| | SHOES CAN BE FITTED AND PROCURED FROM: SAFETY SHOE DISTRIBUTORS 5610 JEFFERSON HIGHWAY NEW ORLEANS, LA 70123 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 | | | | | | \$2,000.00 | 17(i) GRAND TOTAL |
| | b. STREET ADDRESS (or P.O. Box) P.O. BOX 25710 | | | | | | \$2,000.00 | |
| c. CITY OKLAHOMA CITY | | d. STATE OK | e. ZIP CODE 73125 | | | | | |

| | | | |
|--|--|--|--|
| 22. UNITED STATES OF AMERICA BY (Signature)  | | 23. NAME (Typed) MARIE CASSE 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 09/22/2011 | CONTRACT NO. | ORDER NO. DTMA-93-P-2011-0037 |
|-----------------------------|--------------|----------------------------------|

| ITEM NO. (a) | SUPPLIES/SERVICES (b) | QUANTITY ORDERED (c) | UNIT (d) | UNIT PRICE (e) | AMOUNT (f) | QUANTITY ACCEPTED (g) |
|-----------------|--|----------------------------|-------------|----------------------|---------------|-----------------------------|
| 0001 | <p>Admin Office: U. S. DOT Maritime Administration Gulf Div. Acquisition Office, MAR 380.3 500 Poydras Street, Suite 1223 Hale Boggs Building New Orleans LA 70130-3396</p> <p>Accounting Info: 70111750HQ.2011.1OPEM0E30G.0000139025.26690. 61006600 / 70111750HQ0000 Period of Performance: 09/22/2011 to 10/31/2011</p> <p>Provide safety shoes for the following Division of Gulf Operations New Orleans personnel:</p> <ol style="list-style-type: none"> 1. Babin, Bob 2. Babin, Jim 3. Baldus, Dean 4. Brooks, Stewart 5. Butler, Darrell 6. Casse, Marie 7. Duvall, Joe 8. Hilley, Chris 9. Howell, Bentley 10. Lott, Rodney 11. Mackey, Tom 12. Morales, Chico 13. Rose, James (Jim) 14. Salvador, F (Sal) 15. Smith, Aline 16. Thompson, Minnie 17. Varshney, Dee 18. Watson, Terry 19. Winter, Suzanne 20. Murphy, James (Jim) <p>Vendor is required to fill out the attached MA-962 for each pair of shoes purchased and upon completion of PO; submit same to DGO office.</p> <p>One pair per employee listed is authorized. Limit is \$100.00 as per attached MAOs.</p> <p>Continued ...</p> | 20 | EA | 100.00 | 2,000.00 | |

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

\$2,000.00

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

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

DATE OF ORDER
09/22/2011

CONTRACT NO.

ORDER NO.

DTMA-93-P-2011-0037

| ITEM NO. (a) | SUPPLIES/SERVICES (b) | QUANTITY ORDERED (c) | UNIT (d) | UNIT PRICE (e) | AMOUNT (f) | QUANTITY ACCEPTED (g) |
|-----------------|---|----------------------------|-------------|----------------------|---------------|-----------------------------|
| | <p>Maritime Administration DGO will bear the maximum cost as long as shoes meet ANSI standards and proper paper work is turned into Regional Safety Officer: Jim Babin</p> <p>Purchases beyond the maximum cost are authorized, but the employee must bear difference. The difference IS NOT tax exempt.</p> <p>Each employee will fill out attachment MA-961. The ORIGINAL receipt and the MA-961 are to be submitted to the Regional Safety Officer upon completion of purchase.</p> <p>The total amount of award: \$2,000.00. The obligation for this award is shown in box 17(i).</p> | | | | | |

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

\$0.00



U.S. Department of Transportation
Maritime Administration

SAFETY SHOE RECEIPT

TO BE COMPLETED BY SHOE VENDOR/RETAILER

DATE OF PURCHASE:

SHOE PURCHASE PRICE

NAME OF CUSTOMER:

PROOF OF IDENTIFICATION ACCEPTED
(Government I.D. etc.)?

YES

NO

TYPE OF SHOE PURCHASED:

THE SHOE WAS FITTED ON CUSTOMER:

YES

NO

ADDRESS OF VENDOR/RETAILER: (Street, City, State, ZIP Code)

SAFETY SHOES PURCHASED HAVE PROTECTIVE TOE GUARD AND NON-SLIP SOLE AND
CONFORM TO: (Check One)

ANSI Standard Z41-1983

ANSI Standard Z41-3

ANSI Standard Z41-4

SIGNATURE OF VENDOR/RETAILER

DATE