

**ORDER FOR SUPPLIES OR SERVICES**

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

1. DATE OF ORDER 07/13/2009	2. CONTRACT NO. (If any) DTMA8C05009	6. SHIP TO: CAPE VINCENT			
3. ORDER NO. KEY09C09030	4. REQUISITION/REFERENCE NO. PRCR0900193	a. NAME OF CONSIGNEE DOT/Maritime Administration, Central Region			
5. ISSUING OFFICE (Address correspondence to)  DOT/Maritime Administration, MAR-380 400 Seventh Street, SW., Room 7310  Washington DC 20590		b. STREET ADDRESS CAPE VINCENT			
		c. CITY	d. STATE	e. ZIP CODE	
7. TO:		f. SHIP VIA			
a. NAME OF CONTRACTOR		8. TYPE OF ORDER			
b. COMPANY NAME KEYSTONE SHIPPING SERVICES, INC		<input type="checkbox"/> a. PURCHASE		<input type="checkbox"/>	
c. STREET ADDRESS Suite 600, One Bala Plaza East		REFERENCE YOUR:		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 BALA CYNWYD	e. STATE PA	f. ZIP CODE 19004-1496		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 - RRF - 9 - 42AO - - VMIS0 - - 70 - 096142 - AO - VMIS - 25432 - 6100 - 6600 -		10. REQUISITIONING OFFICE DOT/Maritime Administration, Central Region			
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	
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)
	21. MAIL INVOICE TO: No Contacts Identified				
	a. NAME DOT/ Enterprise Services Center (ESC) OFO/FAA, Oklahoma City				
	b. STREET ADDRESS (or P.O. Box) MARAD A/P Branch, AMZ-150; PO Box 25710				
	c. CITY Oklahoma City	d. STATE OK	e. ZIP CODE 73125		17(i) GRAND TOTAL \$3,150.00

22. UNITED STATES OF AMERICA BY (Signature) 

23. NAME (Typed)  
Barbara A. Gillum  
TITLE: CONTRACTING/ORDERING OFFICER



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

PAGE NO.  
3 of 3

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

DATE OF ORDER 07/13/2009	CONTRACT NO. DTMA8C05009	ORDER NO. KEY09C09030
-----------------------------	-----------------------------	--------------------------

ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0001	<p>Reimb Items - See Attachment J-9 (Individually Funded via TO)</p> <p>FY09 OUTPORTING B Project No. KEY-VIN09-9002B Account No. 090-002 Utilities</p> <p>The intent of this project is to cover the cost of the following as a result of the vessel's move from the Port of Beaumont to the BRF:</p> <p>1. TV Satellite One Time Setup - the ships will not have any TV reception as a result of the vessel's move from the Port of Beaumont to the BRF. MARAD will pay for the Satellite hookup. The crew Welfare and Rec fund will pay for the monthly service.</p> <p align="center"><i>Start Date</i>                      <i>End Date</i> 07/10/2009                      08/31/2009</p> <p>Reference Requisition: PRCR0900193</p>	1.00	LOT	3,150.000	3,150.00	

**TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17i)** ➡ \$3,150.00