

ORDER FOR SUPPLIES OR SERVICES

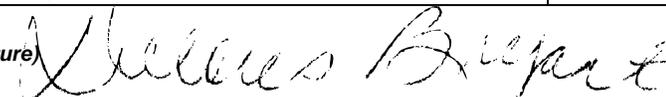
IMPORTANT: Mark all packages and papers with contract and/or order numbers.

1. DATE OF ORDER 08/31/2009	2. CONTRACT NO. (If any)	6. SHIP TO: Iren Wilson			
3. ORDER NO. DTMA1V09295	4. REQUISITION/REFERENCE NO. PRMMA090168	a. NAME OF CONSIGNEE U.S. MERCHANT MARINE ACADEMY			
5. ISSUING OFFICE (Address correspondence to) DOT/Maritime Administration, MAR-380 1200 New Jersey Ave SE, MAR380 W26-429 Washington DC 20590		b. STREET ADDRESS Office of Midshipman Counseling		c. CITY Kings Point	e. ZIP CODE 11024-1699
7. TO: a. NAME OF CONTRACTOR		f. SHIP VIA			
b. COMPANY NAME HOFFMAN FLOOR COVERING CORP		8. TYPE OF ORDER			
c. STREET ADDRESS 2 COMMERCE DRIVE		<input checked="" type="checkbox"/> a. PURCHASE REFERENCE YOUR:		<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 FARMINGDALE	e. STATE NY	f. ZIP CODE 11735		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 See Line Item Detail		10. REQUISITIONING OFFICE U.S. MERCHANT MARINE ACADEMY			
11. BUSINESS CLASSIFICATION (Check appropriate box(es)) <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 <input type="checkbox"/> d. WOMEN-OWNED <input checked="" 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	N/A	09/11/2009		

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: Tammy Curnett					
	a. NAME DOT/ Enterprise Services Center (ESC) OFO/FAA, Oklahoma City				\$404.00	17(i) GRAND TOTAL
	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			

22. UNITED STATES OF AMERICA BY (Signature) 	23. NAME (Typed) Delores Bryant 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 08/31/2009	CONTRACT NO.	ORDER NO. DTMA1V09295
-----------------------------	--------------	--------------------------

ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0001	BEST CLEANER/ DEGREASER BEST CLEANER/ DEGREASER <i>Delivery Date</i> 09/11/2009 Reference Requisition: PRMMA090168 Funding Information: 7009 - - 1750MA - 2009 - 1M - SP00 - - 000040000 - 521000 - - 26450 - - 6100 - 6600 - - - \$304.00	4.00	GAL	76.000	304.00	
0001AA	BEST CLEANER/ DEGREASER Reference Requisition: PRMMA090190 <i>Delivery Date</i> 09/11/2009 Funding Information: 7009 - - 1750MA - 2009 - 1M - SP00 - - 000040000 - 52100 - - 26450 - - 6100 - 6600 - - - \$50.00	1.00	LOT	50.000	50.00	
0002	DELIVERY DELIVERY <i>Delivery Date</i> 09/11/2009 Reference Requisition: PRMMA090168 Funding Information: 7009 - - 1750MA - 2009 - 1M - SP00 - - 000040000 - 521000 - - 26450 - - 6100 - 6600 - - - \$50.00	1.00	EA	50.000	50.00	

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17i) ➡ \$404.00