

ORDER FOR SUPPLIES OR SERVICES

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

1. DATE OF ORDER 02/18/2010		2. CONTRACT NO. (If any)		6. SHIP TO: Rick Sager		
3. ORDER NO. DTMA1V10135		4. REQUISITION/REFERENCE NO. PRMMA100136		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 Medical-Patten Health Services		
7. TO:		c. CITY Kings Point		d. STATE NY	e. ZIP CODE 11024-1699	
a. NAME OF CONTRACTOR				f. SHIP VIA		
b. COMPANY NAME Sanofi Pasteur Inc.				8. TYPE OF ORDER		
c. STREET ADDRESS Discovery Drive				<input checked="" type="checkbox"/> a. PURCHASE REFERENCE YOUR: 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.		<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 Swiftwater		e. STATE PA	f. ZIP CODE 18370-9100			
9. ACCOUNTING AND APPROPRIATION DATA -7010 - 1750MA - 2010 - 1M - SP00 - -000500005 - 20300 - -26590 - -6100 - 6600 -				10. REQUISITIONING OFFICE U.S. MERCHANT MARINE ACADEMY		
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 <input type="checkbox"/> d. WOMEN-OWNED <input type="checkbox"/> e. HUBZone <input type="checkbox"/> f. EMERGING SMALL BUSINESS						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: Tammy Curnett						
	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		\$13,321.32	17(i) GRAND TOTAL

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.
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DATE OF ORDER 02/18/2010	CONTRACT NO.	ORDER NO. DTMA1V10135
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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><i>DHS 10-032</i></p> <p><i>USMMA ACCOUNT 70095854</i></p> <p>YELLOW FEVER VACCINE Part 915-05 YELLOW FEVER VACCINE FOR SEA YEAR CLEARANCE 2013 A&B SPLITS</p> <p>Reference Requisition: PRMMA100136</p>	62.00	EA	214.860	13,321.32	

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17i) ⇒ \$13,321.32