

ORDER FOR SUPPLIES OR SERVICES

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

1. DATE OF ORDER 05/24/2010		2. CONTRACT NO. (If any)		6. SHIP TO: Craig Shouldice	
3. ORDER NO. DTMA1V10266		4. REQUISITION/REFERENCE NO.		a. NAME OF CONSIGNEE U.S. MERCHANT MARINE ACADEMY	
5. ISSUING OFFICE (Address correspondence to) DOT/MARITIME ADMINISTRATION 1200 New Jersey Ave., SE MAR380, W28-201 Washington DC 20590				b. STREET ADDRESS Physical Education/Athletics	
7. TO:		c. CITY Kings Point	d. STATE NY	e. ZIP CODE 11024	
a. NAME OF CONTRACTOR dba A Patterson Company				f. SHIP VIA	
b. COMPANY NAME Medco Supply Co. Inc		c. STREET ADDRESS 500 Fillmore Avenue		8. TYPE OF ORDER <input checked="" type="checkbox"/> a. PURCHASE <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 Tonawanda	e. STATE NY	f. ZIP CODE 14150-1050		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.	
9. ACCOUNTING AND APPROPRIATION DATA 7010 - - 1750MA - 2010 - - 1INP - - 000014 - 00005 - - 30700 - - - 26060 - 6100 - 6600 -				10. REQUISITIONING OFFICE	
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 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) 06/24/2010	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) 17(i) GRAND TOTAL \$3,742.92
	21. MAIL INVOICE TO: Tammy Cumett				
	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		

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

PAGE NO.
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IMPORTANT: Mark all packages and papers with contract and/or order numbers.

DATE OF ORDER 05/24/2010	CONTRACT NO.	ORDER NO. DTMA1V10266
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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	<i>pea 10-105</i> <i>duns 006962500</i> Medicine Supplies (see attachment one) <i>Delivery Date</i> 06/24/2010	1.00	EA	3,742.920	3,742.92	

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17i) ➔ \$3,742.92