

ORDER FOR SUPPLIES OR SERVICES

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

1. DATE OF ORDER 10/26/2006	2. CONTRACT NO. (If any) DTMA8C05011	6. SHIP TO: Billy Greer		
3. ORDER NO. IAS11C07001	4. REQUISITION/REFERENCE NO. PRCR0700036	a. NAME OF CONSIGNEE DOT/Maritime Administration, Central Region		
5. ISSUING OFFICE (Address correspondence to) DOT/Maritime Administration, CR Acquisition EMAIL: marad.cr.invoices@dot.gov		b. STREET ADDRESS CHESAPEAKE		
		c. CITY Port Arthur	d. STATE TX	e. ZIP CODE
7. TO: a. NAME OF CONTRACTOR		f. SHIP VIA		
b. COMPANY NAME Interocean American Shipping		8. TYPE OF ORDER		
c. STREET ADDRESS 221 LAUREL RD STE 300		<input 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 Voorhees	e. STATE NJ	f. ZIP CODE 08043-8302		
9. ACCOUNTING AND APPROPRIATION DATA - - X4303 - 907 - 92 - 3100 - - 22CHPC - 254S - 07 - 920 - 06 - 02 - - - -		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"/> d. WOMEN-OWNED
12. F.O.B. POINT Destination	14. GOVERNMENT B/L NO.	15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date) 12/31/2006	16. DISCOUNT TERMS 10 days % 20 days % 30 days % days %
13. PLACE OF			
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: Ron Bourgeois					
	a. NAME DOT/Maritime Administration, Central Region				\$92,000.00	17(i) GRAND TOTAL
	b. STREET ADDRESS (or P.O. Box) Finance Department, 500 Poydras Street, Room 1223					
c. CITY New Orleans		d. STATE LA	e. ZIP CODE 70130-3394			

22. UNITED STATES OF AMERICA BY (Signature)	23. NAME (Typed) Bruce Lohfink TITLE: CONTRACTING/ORDERING OFFICER
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**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 10/26/2006	CONTRACT NO. DTMA8C05011	ORDER NO. IAS11C07001
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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>Cost reimbursable items (see Attachment J-9) individually funded via task order</p> <p>Base year 2, Ship group 11, Ship 2 (CHESAPEAKE)</p> <p>The purpose of this project is to provide canal fees for operation of the vessel in support of Hawaii Transit.</p> <p>Authorization of advance payment of canal fees is requested.</p> <table border="0"> <tr> <td><i>Delivery Date</i></td> <td><i>Start Date</i></td> <td><i>End Date</i></td> </tr> <tr> <td>12/31/2006</td> <td>10/14/2006</td> <td>12/31/2006</td> </tr> </table> <p>Reference Requisition: PRCR0700036</p>	<i>Delivery Date</i>	<i>Start Date</i>	<i>End Date</i>	12/31/2006	10/14/2006	12/31/2006	1.00	LOT	92,000.000	92,000.00	
<i>Delivery Date</i>	<i>Start Date</i>	<i>End Date</i>										
12/31/2006	10/14/2006	12/31/2006										
0002	<p>ADVANCE PAYMENT AUTHORIZATION</p> <p>T. O. IAS11C07001 - CHESAPEAKE</p> <p>AUTHORIZATION OF ADVANCE PAYMENT OF CANAL FEES IS REQUESTED.</p> <p>THE CONTRACTING OFFICER HAS DETERMINED THAT ADVANCE PAYMENT IS CUSTOMARY IN THE COMMERCIAL MARKETPLACE FOR THIS TYPE OF SUPPLY/SERVICE, AND THE PAYMENT TERMS PROPOSED BY THE SHIP MANAGER ARE IN THE BEST INTERESTS OF THE UNITED STATES IN ACCORDANCE WITH FAR 32.202-1. AN INVOICE MAY BE SUBMITTED IN ADVANCE OF RECEIPT AND ACCEPTANCE OF THESE SUPPLIES/SERVICES. PAYMENT TO THE SHIP MANAGER WILL BE SCHEDULED FOR RECEIPT BY THE SHIP MANAGER NO MORE THAN FIVE (5) WORKING DAYS IN ADVANCE OF PAYMENT TO THE SUBCONTRACTOR. THE SHIP MANAGER SHALL RECONCILE ACTUAL COSTS AND SUBMIT AN ADJUSTING INVOICE AND REIMBURSEMENT CHECK FOR OVERPAYMENT (IF APPLICABLE) WITHIN 60 DAYS AFTER RECEIPT OF ADVANCE PAYMENT.</p> <table border="0"> <tr> <td><i>Delivery Date</i></td> <td><i>Start Date</i></td> <td><i>End Date</i></td> </tr> <tr> <td>12/31/2006</td> <td>10/14/2006</td> <td>12/31/2006</td> </tr> </table>	<i>Delivery Date</i>	<i>Start Date</i>	<i>End Date</i>	12/31/2006	10/14/2006	12/31/2006	0.00		0.000	0.00	
<i>Delivery Date</i>	<i>Start Date</i>	<i>End Date</i>										
12/31/2006	10/14/2006	12/31/2006										

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17i) ➡ \$92,000.00