

ORDER FOR SUPPLIES OR SERVICES

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

1. DATE OF ORDER 09/03/2008		2. CONTRACT NO. (If any) DTMA8C05009		6. SHIP TO:	
3. ORDER NO. KEY09C08033		4. REQUISITION/REFERENCE NO. PRCR0800296		a. NAME OF CONSIGNEE No Shipping Information	
5. ISSUING OFFICE (Address correspondence to) DOT/Maritime Administration, MAR-380 400 Seventh Street, SW., Room 7310 Washington DC 20590				b. STREET ADDRESS	
				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 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.	
c. STREET ADDRESS SUITE 600, ONE BALA PLAZA EAST				<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 BALA CYNWYD		e. STATE PA	f. ZIP CODE 19004-1496		
9. ACCOUNTING AND APPROPRIATION DATA 2008 - - X4303 - 932 - 40 - HEW0 - 0 - 0000 - 000000 - 70 - 086132 - 40 - HEW0 - 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						

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 CR Invoices Branch, AMZ-150 PO Box 25710						
c. CITY Oklahoma City				d. STATE OK	e. ZIP CODE 73125	\$21,000.00
						17(i) GRAND TOTAL

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

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

DATE OF ORDER 09/03/2008	CONTRACT NO. DTMA8C05009	ORDER NO. KEY09C08033
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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>CLIN 0402AE - Cost reimbursable items (see Attachment J-9) individually funded via task order</p> <p>Base year 4, Ship group 9, Ship 2 (CAPE VINCENT)</p> <p>FY08 M&R SHIP SUPPORT - Hurricane Gustav Preparations - B KEY-VIN08-1008B</p> <p>The purpose of this project is to provide ship support services to prepare the vessel for Hurricane Gustav and maintain the vessel during the storm.</p> <ol style="list-style-type: none"> 1. Assign one (1) 2nd mate, two (2) Abs, and two (2) oilers. 2. Order Assist tugs. 3. Take additional Stores and Bottled Water. 4. OT for watch standers and those assisting with lines during the storm. <p align="center"> <i>Start Date</i> <i>End Date</i> 08/29/2008 09/12/2008 </p> <p>Reference Requisition: PRCR0800296</p>	1.00	LOT	21,000.000	21,000.00	

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17i) ⇒ \$21,000.00