

**ORDER FOR SUPPLIES OR SERVICES**

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

1. DATE OF ORDER 11/02/2006	2. CONTRACT NO. (If any) DTMA8C05006	6. SHIP TO: CAPE JACOB		
3. ORDER NO. MNC06C07002	4. REQUISITION/REFERENCE NO. PRCR0700035	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 CAPE JACOB		
		c. CITY	d. STATE	e. ZIP CODE
7. TO: a. NAME OF CONTRACTOR		f. SHIP VIA		
b. COMPANY NAME Matson Navigation Company, Inc		8. TYPE OF ORDER		
c. STREET ADDRESS 555 12th Street		<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.	<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 Oakland	e. STATE CA	f. ZIP CODE 94607-4046		
9. ACCOUNTING AND APPROPRIATION DATA - - X4303 - 907 - 92 - 3100 - - 22JACS - 254S - 07 - 920 - 07 - 05 - - - -		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) 03/31/2007	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)
	<b>SEE LINE ITEM DETAIL</b>					

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				\$67,844.00
	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		17(i) GRAND TOTAL	

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.  
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DATE OF ORDER 11/02/2006	CONTRACT NO. DTMA8C05006	ORDER NO. MNC06C07002
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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>Option year 1, Ship group 6, Ship 1 (CAPE JACOB)</p> <p>Cost reimbursable items (see Attachment J-9) individually funded via task order</p> <hr/> <p>Project #MNC-JAC07-2010A The purpose of this project is to provide for security and miscellaneous vessel support for the operation of the vessel in support of Cape Jacob Phase O operations for FY07 1st Qtr (10/01/06-12/31/06).</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>03/31/2007</td> <td>10/01/2006</td> <td>03/31/2007</td> </tr> </table> <p>Reference Requisition: PRCR0700035</p>	<i>Delivery Date</i>	<i>Start Date</i>	<i>End Date</i>	03/31/2007	10/01/2006	03/31/2007	1.00	LOT	67,844.000	67,844.00	
<i>Delivery Date</i>	<i>Start Date</i>	<i>End Date</i>										
03/31/2007	10/01/2006	03/31/2007										

**TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17i) ⇒ \$67,844.00**