

**ORDER FOR SUPPLIES OR SERVICES**

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

1. DATE OF ORDER 03/28/2008	2. CONTRACT NO. (If any) DTMA8C05006	6. SHIP TO: CAPE JACOB		
3. ORDER NO. MNC06C08012	4. REQUISITION/REFERENCE NO. PRCR0800203	a. NAME OF CONSIGNEE DOT/Maritime Administration, Central Region		
5. ISSUING OFFICE (Address correspondence to)  DOT/Maritime Administration, MAR-380 400 Seventh Street, SW., Room 7310  Washington DC 20590		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 2008 - - X4303 - 932 - 40 - MIS0 - 0 - 0000 - 000000 - 70 - 086132 - 40 - MIS0 - 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"/> 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)	16. DISCOUNT TERMS
13. PLACE OF			10 days % 20 days % 30 days % days %
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: 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	\$10,000.00	17(i) GRAND TOTAL

22. UNITED STATES OF AMERICA BY (Signature) 	23. NAME (Typed) Barbara A. Gillum TITLE: CONTRACTING/ORDERING OFFICER
--	--



**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 03/28/2008	CONTRACT NO. DTMA8C05006	ORDER NO. MNC06C08012
-----------------------------	-----------------------------	--------------------------

ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0001	<p>CLIN 0301AE - Cost reimbursable items (see Attachment J-9) individually funded via task order</p> <p>Option Year 2, Ship group 6, Ship 1 (CAPE JACOB)</p> <p>FY08 RRF Miscellaneous A Project # MNC-JAC08-7005A Account No. 070-005</p> <p>The purpose of this project is to provide for bridging of RMS's ADP interface to Ship Manager system.</p> <p>As per the SMs Contract J-9 List of Reimbursables Item No. 101 MARAD will reimburse for the initial RMS interface with Ship Manager systems such as billing and accounting systems and any future Government generated requirement requiring an interface. MARAD will not reimburse SM upgrades or SM interface requirements.</p> <p align="center"><i>Start Date</i>                      <i>End Date</i> 03/31/2008                      06/30/2008</p> <p>Reference Requisition: PRCR0800203</p>	1.00	LOT	10,000.000	10,000.00	

**TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17i)** ⇒ \$10,000.00