

**ORDER FOR SUPPLIES OR SERVICES**

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

1. DATE OF ORDER 02/20/2007		2. CONTRACT NO. (If any) DTMA8C05014		6. SHIP TO: Frank Linehan		
3. ORDER NO. CLS14W07021		4. REQUISITION/REFERENCE NO. PRWRSM07100		a. NAME OF CONSIGNEE DOT/Maritime Administration, WR Operations		
5. ISSUING OFFICE (Address correspondence to)  DOT/Maritime Administration, WR Acquisition Office of Acquisition, MRG-4200 201 Mission Street, Suite 2200  San Francisco CA 94105-1905				b. STREET ADDRESS CAPE INSCRIPTION		
7. TO:		c. CITY LONG BEACH		d. STATE CA	e. ZIP CODE	
a. NAME OF CONTRACTOR Pat Murphy				f. SHIP VIA		
b. COMPANY NAME Crowley Liner Services, Inc.				8. TYPE OF ORDER		
c. STREET ADDRESS 9487 Regency Square Blvd,				<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 Jacksonville		e. STATE FL	f. ZIP CODE 32225-8126			
9. ACCOUNTING AND APPROPRIATION DATA - 2007 - 70X - 4303000 - 70 - 0761 - 33 - 40CLM0 - 9 - 33 - 40CLM0 - 0 - - 25432 - 0761 - 0000 - 00				10. REQUISITIONING OFFICE DOT/Maritime Administration, Western 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)  09/30/2007		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)  17(i) GRAND TOTAL
	21. MAIL INVOICE TO: Susan Wong						
	a. NAME DOT/ Enterprise Services Center (ESC) OFO/FAA, Oklahoma City						
	b. STREET ADDRESS (or P.O. Box) MARAD A/P WR Invoices Branch, AMZ-150 PO Box 25710,						
c. CITY Oklahoma City			d. STATE OK	e. ZIP CODE 73125		\$5,000.00	

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

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DATE OF ORDER 02/20/2007	CONTRACT NO. DTMA8C05014	ORDER NO. CLS14W07021
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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><i>CAPE INSCRIPTION ADMIN RGN ROS CLAIMS CLS INS07 7004 PRWRSM07100</i></p> <p>Cost reimbursable items (see Attachment J-9) individually funded via taks order</p> <p>Base year 2, Ship group 14, Ship 3 (CAPE INSCRIPTION) CLIN 0203AE; PROJECT NO. CLS INS07 7004</p> <p>ADMIN RGN ROS CLAIMS</p> <p>The purpose of this project is to provide for the support of maintenance and cure claims for the ship manager's ROS crew members. Individual claims will be listed separately and expenditures will be reconciled quarterly.</p> <p><i>Delivery Date</i> 09/30/2007</p> <p>Reference Requisition: PRWRSM07100 <i>Distribution: S Wong, F Linehan, K Dwyer, SM</i></p>	1.00	LOT	5,000.000	5,000.00	

**TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17i) ⇒ \$5,000.00**