

ORDER FOR SUPPLIES OR SERVICES

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

1. DATE OF ORDER 07/06/2010		2. CONTRACT NO. (If any)		6. SHIP TO: Joe Pecoraro		
3. ORDER NO. DTMA4V10017		4. REQUISITION/REFERENCE NO. PRSBRF10027		a. NAME OF CONSIGNEE DOT/Maritime Administration, DPO - Suisun Bay Reserve Fleet		
5. ISSUING OFFICE (Address correspondence to) DOT/Maritime Administration, DPO Acquisition 201 Mission Street, Suite 1800 San Francisco CA 94105-1905				b. STREET ADDRESS 2595 Lake Herman Road (FOG)		
7. TO:		c. CITY Benicia		d. STATE CA	e. ZIP CODE 94510	
a. NAME OF CONTRACTOR DUNS#144708625				f. SHIP VIA		
b. COMPANY NAME D R S MARINE INC				8. TYPE OF ORDER		
c. STREET ADDRESS 525 CHESTNUT ST				<input checked="" 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 Vallejo		e. STATE CA	f. ZIP CODE 94590-7250			
9. ACCOUNTING AND APPROPRIATION DATA 2010 - 70 - X4303 - RRF 972 - 76 - NDA0 - 0 - 0000 - 000000 - 70 - 106172 - 76 - NDA0 - 25305 - 6100 - 6600 -				10. REQUISITIONING OFFICE DOT/Maritime Administration, DPO - Suisun Bay Reserve Fleet		
11. BUSINESS CLASSIFICATION (Check appropriate box(es))					12. F.O.B. POINT	
<input checked="" type="checkbox"/> a. SMALL <input 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					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						

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: Tammy Curnett						
	a. NAME DOT/ Enterprise Services Center (ESC) OFO/FAA, Oklahoma City						
	b. STREET ADDRESS (or P.O. Box) MARAD A/P Branch, AMZ-150 PO Box 25710						
c. CITY Oklahoma City			d. STATE OK	e. ZIP CODE 73125		\$5,859.50	

22. UNITED STATES OF AMERICA BY (Signature) 			23. NAME (Typed) Patricia L. Etridge 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 07/06/2010	CONTRACT NO.	ORDER NO. DTMA4V10017
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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>Diving Services</i> PRSRBF10027 & 0001</p> <p>DUNS# 144708625</p> <p>Emergency diving services</p> <p>EMERGENCY DIVING SERVICES TO PLUG LEAK IN HULL OF SS DAWN ON 6/14/2010.</p> <p>EMAIL INVOICE TO: (1)Electronic invoices shall be addressed to MARADInvoices@faa.gov, with copy to MARADWRInvoices@dot.gov Electronic invoices shall conform to the following criteria, or be subject to rejection: a. Invoice and supporting documentation shall be in Adobe Acrobat (pdf) format. b. The e-mail subject shall include the contract/purchase order number and invoice number. c. The transmitting e-mail shall include the following information: Name of the Contractor; Contractor's Federal Tax ID Number; Invoice date and number; Invoice amount; Contract number and, if applicable, the order or modification number; Terms of any discount for prompt payment offered; Payment instructions (i.e., financial institution, ABA routing #, account #)</p> <p align="center"><i>Start Date End Date</i> 06/14/2010 06/14/2010</p> <p>Reference Requisition: PRSRBF10027</p> <p><i>DIST: VENDOR/COTR/CO/FCO</i></p>	1.00	JOB	5,859.500	5,859.50	

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17i) ➡ \$5,859.50

**Contract Level
Funding Summary**

Document Number

DTMA4V10017

Title

SBRF Emergency Diving Services

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2010 - 70 - X4303 - RRF 972 - 76 - NDA0 - 0 - 0000 - 000000 - 70 - 106172 - 76 - NDA0 - 25305 - 6100 - 6600 -
\$5,859.50

Reference Requisition: PRSBRF10027

Total Funding: \$5,859.50