

**ORDER FOR SUPPLIES OR SERVICES**

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

1. DATE OF ORDER 12/08/2008		2. CONTRACT NO. (If any) DTMA1H05006		6. SHIP TO: Dennis Gleavy		
3. ORDER NO. GA5IAS09010		4. REQUISITION/REFERENCE NO. See Lines		a. NAME OF CONSIGNEE DOT/Maritime Administration, Division of Pacific Operations		
5. ISSUING OFFICE (Address correspondence to) DOT/Maritime Administration, WR Acquisition 201 Mission Street, Suite 1800  San Francisco CA 94105-1905				b. STREET ADDRESS MV PACIFIC COLLECTOR 5555 N. Channel Avenue		
		c. CITY Portland		d. STATE OR	e. ZIP CODE 97217-7655	
7. TO: a. NAME OF CONTRACTOR				f. SHIP VIA		
b. COMPANY NAME Interocean American Shipping Corporation				8. TYPE OF ORDER		
c. STREET ADDRESS 302 HARPER DR STE 200				<input type="checkbox"/> a. PURCHASE REFERENCE YOUR:		<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 MOORESTOWN		e. STATE NJ	f. ZIP CODE 08057-4701		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.	
9. ACCOUNTING AND APPROPRIATION DATA See Line Item Detail				10. REQUISITIONING OFFICE DOT/Maritime Administration, Western Region		
11. BUSINESS CLASSIFICATION (Check appropriate box(es))						12. F.O.B. POINT
<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						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			09/30/2009		

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: 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		\$100,000.00	17(i) GRAND TOTAL

22. UNITED STATES OF AMERICA BY (Signature) 			23. NAME (Typed) Patricia L. Etridge TITLE: CONTRACTING/ORDERING OFFICER				
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