

ORDER FOR SUPPLIES OR SERVICES

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

1. DATE OF ORDER 10/28/2008	2. CONTRACT NO. (If any) DTMA1H05008	6. SHIP TO: Glen Spears		
3. ORDER NO. GAACLS09001	4. REQUISITION/REFERENCE NO. PR SAR090078	a. NAME OF CONSIGNEE DOT/Maritime Administration, SAR Acquisition		
5. ISSUING OFFICE (Address correspondence to) DOT/Maritime Administration, SAR Acquisition Office of Acquisition, MRG-7200 7737 Hampton Boulevard, Building 4D, Room 211 Norfolk VA 23505		b. STREET ADDRESS Office of Acquisition, MRG-7200 7737 Hampton Boulevard, Building 4D, Room 211		
		c. CITY Norfolk	d. STATE VA	e. ZIP CODE 23505

7. TO: a. NAME OF CONTRACTOR	f. SHIP VIA
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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.		
d. CITY Jacksonville	e. STATE FL	f. ZIP CODE 32225-8126	<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.	

9. ACCOUNTING AND APPROPRIATION DATA 2009 - - X1750 - SMR 120 - SM - P107 - 0 - 0000 - 160000 - - - - 25417 - 6100 - 6600 -	10. REQUISITIONING OFFICE DOT/Maritime Administration, South Atlantic Region
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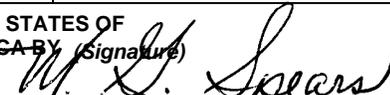
11. BUSINESS CLASSIFICATION (Check appropriate box(es)) <input type="checkbox"/> a. SMALL <input checked="" type="checkbox"/> b. OTHER THAN SMALL <input type="checkbox"/> c. DISADVANTAGED <input type="checkbox"/> g. SERVICE-DISABLED VETERAN-OWNED <input type="checkbox"/> d. WOMEN-OWNED <input type="checkbox"/> e. HUBZone <input type="checkbox"/> f. EMERGING SMALL BUSINESS	12. F.O.B. POINT Destination
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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: Jennifer Phillips				
	a. NAME DOT/Maritime Administration, South Atlantic Region				
	b. STREET ADDRESS (or P.O. Box) 7737 Hampton Blvd., Bldg. 4D, Room 211				
	c. CITY Norfolk	d. STATE VA	e. ZIP CODE 23505	\$9,750.00	

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

PAGE NO.
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IMPORTANT: Mark all packages and papers with contract and/or order numbers.

DATE OF ORDER 10/28/2008	CONTRACT NO. DTMA1H05008	ORDER NO. GAACLS09001
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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>GAA FEE</p> <p>GAA management fee is hereby authorized under assignment letter for TS ENTERPRISE Conversion Completion.</p> <p align="center"> <i>Start Date</i> <i>End Date</i> 10/28/2008 11/26/2008 </p> <p>Reference Requisition: PRSAR090078</p>	30.00	DAY	325.000	9,750.00	

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17i) ⇒ \$9,750.00