

**ORDER FOR SUPPLIES OR SERVICES**

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

1. DATE OF ORDER 11/10/2008	2. CONTRACT NO. (If any) DTMA8C05005	6. SHIP TO: No Contacts Identified		
3. ORDER NO. IAS05S09010		4. REQUISITION/REFERENCE NO. PR SAR090102		
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		a. NAME OF CONSIGNEE DOT/Maritime Administration, South Atlantic Region		
		b. STREET ADDRESS CORNHUSKER STATE		
		c. CITY	d. STATE	e. ZIP CODE

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	<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		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.		
e. STATE NJ	f. ZIP CODE 08057-4701			

9. ACCOUNTING AND APPROPRIATION DATA 2009 - - X4303 - RRF 917 - 40 - CRN0 - 0 - 0000 - 000000 - 70 - 096117 - 40 - CRN0 - 25418 - 6100 - 6600 -	10. REQUISITIONING OFFICE DOT/Maritime Administration, South Atlantic Region
--	---

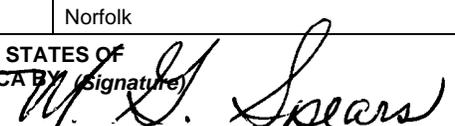
11. BUSINESS CLASSIFICATION (Check appropriate box(es))				12. F.O.B. POINT
<input type="checkbox"/> a. SMALL	<input checked="" type="checkbox"/> b. OTHER THAN SMALL	<input type="checkbox"/> c. DISADVANTAGED	<input type="checkbox"/> g. SERVICE-DISABLED VETERAN-OWNED	Destination
<input type="checkbox"/> d. WOMEN-OWNED	<input type="checkbox"/> e. HUBZone	<input type="checkbox"/> f. EMERGING SMALL BUSINESS		

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)
	21. MAIL INVOICE TO: Gloria Fullerton				
	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	\$1,389,900.00	17(i) GRAND TOTAL

22. UNITED STATES OF AMERICA BY (Signature) 	23. NAME (Typed) Milton G. Spears 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 11/10/2008	CONTRACT NO. DTMA8C05005	ORDER NO. IAS05S09010
-----------------------------	-----------------------------	--------------------------

ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)				
0001	<p>CLIN 0403 AA FIXED FEES ROS WITH CREW IAS-CRN09-1002A FY09 M&amp;R SM Fixed Fees A</p> <p>The purpose of this project is to provide for maintenance phase fixed fees for the period 10/01/2008 to 07/27/2009.</p> <table border="0"> <tr> <td><i>Start Date</i></td> <td><i>End Date</i></td> </tr> <tr> <td>10/01/2008</td> <td>07/27/2009</td> </tr> </table> <p>Reference Requisition: PRSAR090102</p>	<i>Start Date</i>	<i>End Date</i>	10/01/2008	07/27/2009	300.00	DAY	4,633.000	1,389,900.00	
<i>Start Date</i>	<i>End Date</i>									
10/01/2008	07/27/2009									

**TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17i)** ⇒ \$1,389,900.00