

ORDER FOR SUPPLIES OR SERVICES

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

1. DATE OF ORDER 08/20/2010		2. CONTRACT NO. (If any) DTMA1H05006		6. SHIP TO: DENNIS GLEAVY		
3. ORDER NO. GA5IAS10020		4. REQUISITION/REFERENCE NO. PRWR1000042		a. NAME OF CONSIGNEE DOT/Maritime Administration, Division of Pacific Operations		
5. ISSUING OFFICE (Address correspondence to) DOT/Maritime Administration, DPO 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: _____ 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 MOORESTOWN		e. STATE NJ	f. ZIP CODE 08057-4701			
9. ACCOUNTING AND APPROPRIATION DATA 2010 - 70 - X4303 - SPR 810 - 12 - PMPA - C - 0000 - 000000 - 70 - 1012PM - PA - C000 - 25431 - - 6100 - 6600				10. REQUISITIONING OFFICE DOT/Maritime Administration, Division of Pacific Operations		
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		09/30/2010			

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						
18. SHIPPING POINT		19. GROSS SHIPPING WEIGHT	20. INVOICE NO.			
SEE BILLING INSTRUCTIONS ON REVERSE		21. MAIL INVOICE TO: Susan Wong			17(h) TOT. (Cont. pages)	
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		\$10,000.00	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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