

ORDER FOR SUPPLIES OR SERVICES

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

1. DATE OF ORDER 07/01/2010		2. CONTRACT NO. (If any) DTMA1D08012		6. SHIP TO: Bob Bouchard		
3. ORDER NO. TO-3105		4. REQUISITION/REFERENCE NO.		a. NAME OF CONSIGNEE DOT/Maritime Administration, MAR-810		
5. ISSUING OFFICE (Address correspondence to) DOT/Maritime Administration, MAR-380 1200 New Jersey Ave SE, MAR380 W26-429 Washington DC 20590				b. STREET ADDRESS 1200 New Jersey Ave, SE MAR810 W28-201		
c. CITY Washington		d. STATE DC		e. ZIP CODE 20590		
7. TO: a. NAME OF CONTRACTOR				f. SHIP VIA		
b. COMPANY NAME INTEGRATED CONCEPTS AND RESEARCH CORPORATION				8. TYPE OF ORDER		
c. STREET ADDRESS 2550 Huntington Avenue, Suite 109				<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 ALEXANDRIA		e. STATE VA	f. ZIP CODE 22303-1400		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 2010 - 70 - X85470 - 005POA - - CON5 - 00 - 000015 - 0001 - 25 - 305 61 - 00 - 6600 - 11N - - - 10423				10. REQUISITIONING OFFICE		
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
13. PLACE OF		14. GOVERNMENT B/L NO.	15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date) 06/30/2011		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: Tammy Curnett					
	a. NAME DOT/ Enterprise Services Center (ESC) OFO/FAA, Oklahoma City				\$750,000.00	
	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		17(i) GRAND TOTAL	

22. UNITED STATES OF AMERICA BY (Signature) <i>Wayne W. Leong</i>			23. NAME (Typed) Wayne Leong TITLE: CONTRACTING/ORDERING OFFICER			
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