

ORDER FOR SUPPLIES OR SERVICES

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

1. DATE OF ORDER 03/02/2010	2. CONTRACT NO. (If any)	6. SHIP TO: Keith Lesnick			
3. ORDER NO. DTMA1V10159	4. REQUISITION/REFERENCE NO. PR500100014	a. NAME OF CONSIGNEE DOT/Maritime Administration, MAR-830			
5. ISSUING OFFICE (Address correspondence to) DOT/MARITIME ADMINISTRATION 1200 New Jersey Ave., SE MAR380, W28-201 Washington DC 20590		b. STREET ADDRESS 1200 New Jersey Ave., SE MAR830, W28-201		c. CITY Washington	d. STATE DC
7. TO: a. NAME OF CONTRACTOR		f. SHIP VIA			
b. COMPANY NAME San Diego Convention Center Corporation, Inc.		8. TYPE OF ORDER			
c. STREET ADDRESS 111 W. Harbor DR		<input checked="" 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 San Diego	e. STATE CA	f. ZIP CODE 92101-7822		9. ACCOUNTING AND APPROPRIATION DATA - - 7010 - 1750HQ - - 2010 - - 10PEDOE - 500.000 - 01 - 155503 - 25 - 209 - 6100 - - 6600	
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 a. INSPECTION		14. GOVERNMENT B/L NO.	15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date) 02/04/2010	16. DISCOUNT TERMS	

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: Tammy Curnett				
	a. NAME DOT/ Enterprise Services Center (ESC) OFO/FAA, Oklahoma City				
	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		\$4,200.00

22. UNITED STATES OF AMERICA BY (Signature) 	23. NAME (Typed) Delores Bryant 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 03/02/2010	CONTRACT NO.	ORDER NO. DTMA1V10159
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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	Convention Center Fee <i>Delivery Date</i> <i>Start Date</i> <i>End Date</i> 02/04/2010 02/04/2010 02/05/2010 Reference Requisition: PR500100014	1.00		4,200.000	4,200.00	

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17i) ⇒ \$4,200.00

Contract Level Funding Summary	Document Number	Title	Page
	DTMA1V10159	Meeting & Local Event License	4 of 6

- - 7010 - 1750HQ - - 2010 - - 10PEDOE - 500.000 - 01 - 155503 - 25 - 209 - 6100 - - - 6600

\$4,200.00

Reference Requisition: PR500100014

Total Funding: \$4,200.00