

ORDER FOR SUPPLIES OR SERVICES

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

1. DATE OF ORDER 11/02/2010		2. CONTRACT NO. (If any) DTMA1H10001		6. SHIP TO: No Contacts Identified		
3. ORDER NO. GAACTM11003		4. REQUISITION/REFERENCE NO. PRSAR110008		a. NAME OF CONSIGNEE DOT/Maritime Administration, South Atlantic Region		
5. ISSUING OFFICE (Address correspondence to) DOT/Maritime Administration, MAR-380 400 Seventh Street, SW., Room 7310 Washington DC 20590				b. STREET ADDRESS DELMONTE		
				c. CITY		e. ZIP CODE
7. TO: a. NAME OF CONTRACTOR				f. SHIP VIA		
b. COMPANY NAME Crowley Technical Management, Inc.				8. TYPE OF ORDER		
c. STREET ADDRESS 9487 REGENCY SQ 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.		<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 JACKSONVILLE		e. STATE FL	f. ZIP CODE 32225-8126			
9. ACCOUNTING AND APPROPRIATION DATA 2011 - 70 - 11S117 - 10 811 - 55 - AMDE - L - 0000 - 000000 - 70 - 1155AM - DE - L000 - 25417 - 6100 - 6600 -				10. REQUISITIONING OFFICE DOT/Maritime Administration, South Atlantic Region		
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)		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				\$29,900.00	
	b. STREET ADDRESS (or P.O. Box) 7737 Hampton Blvd., Bldg. 4D, Room 211					
c. CITY Norfolk		d. STATE VA	e. ZIP CODE 23505		17(i) GRAND TOTAL	

22. UNITED STATES OF AMERICA BY (Signature) <i>Monique P. Leake</i>			23. NAME (Typed) Monique Leake 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 11/02/2010	CONTRACT NO. DTMA1H10001	ORDER NO. GAACTM11003
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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>DELMONTE FY11 General Agent Fixed Fees</p> <p>THIS IS A CONFIRMING ORDER.</p> <p>The purpose of this Task Order is to provide funding is for General Agent Fixed Fees for the period of 1 October 2010 through 31 December 2010.</p> <table border="0"> <tr> <td><i>Start Date</i></td> <td><i>End Date</i></td> </tr> <tr> <td>10/01/2010</td> <td>12/31/2010</td> </tr> </table> <p>Reference Requisition: PRSAR110008</p> <p><i>In order for an invoice to be processed for payment, it must include your Federal ID Number, Purchase Order Number, and Invoice Number. Without these numbers, your invoice will be returned and payment will be delayed.</i></p>	<i>Start Date</i>	<i>End Date</i>	10/01/2010	12/31/2010	92.00	DAY	325.000	29,900.00	
<i>Start Date</i>	<i>End Date</i>									
10/01/2010	12/31/2010									

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17i) ⇒ \$29,900.00