

**ORDER FOR SUPPLIES OR SERVICES**

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

1. DATE OF ORDER 11/13/2009		2. CONTRACT NO. (If any)		6. SHIP TO:		
3. ORDER NO. DTMA1V10042		4. REQUISITION/REFERENCE NO. PRCR1000104		a. NAME OF CONSIGNEE No Shipping Information		
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		
7. TO:		c. CITY		d. STATE	e. ZIP CODE	
a. NAME OF CONTRACTOR		f. SHIP VIA				
b. COMPANY NAME PATRIOT CONTRACT SERVICES, LLC		8. TYPE OF ORDER				
c. STREET ADDRESS 1320 Willow Pass Rd Ste 485		<input checked="" 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 Concord		e. STATE CA	f. ZIP CODE 94520-7940			
9. ACCOUNTING AND APPROPRIATION DATA 2010 - - X4303 - RRF - 9 - 3240 - - CLM0 - - 70 - 106132 - 40 - CLM0 - 25432 - 6100 - 6600 -				10. REQUISITIONING OFFICE DOT/Maritime Administration, DGO Ship Operations		
11. BUSINESS CLASSIFICATION (Check appropriate box(es))					12. F.O.B. POINT	
<input checked="" type="checkbox"/> a. SMALL <input 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				

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)
	<b>SEE LINE ITEM DETAIL</b>					

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		\$8,447.86	

22. UNITED STATES OF AMERICA BY (Signature) 			23. NAME (Typed) Jill M. Kline TITLE: CONTRACTING/ORDERING OFFICER			
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**ORDER FOR SUPPLIES OR SERVICES  
SCHEDULE - CONTINUATION**

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

DATE OF ORDER 11/13/2009	CONTRACT NO.	ORDER NO. DTMA1V10042
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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><i>FLA-2005 Injury (DJ)</i> <i>Total claim not to exceed \$8,447.86</i></p> <p>M&amp;C PAYMENTS - CAPE FLORIDA CREW MEMBER</p> <p>Funding is provided in support of the 2007 disputed maintenance and cure claim of a CAPE FLORIDA crew member that appeared to be subsequent to a 2005 initial injury. This Department of Justice agreed to pay the disputed maintenance and cure in the amount of \$8,447.86.</p> <p>(Supporting emails attached)</p> <table border="0"> <tr> <td><i>Start Date</i></td> <td><i>End Date</i></td> </tr> <tr> <td>10/22/2009</td> <td>12/31/2009</td> </tr> </table> <p>Reference Requisition: PRCR1000104</p>	<i>Start Date</i>	<i>End Date</i>	10/22/2009	12/31/2009	1.00		8,447.860	8,447.86	
<i>Start Date</i>	<i>End Date</i>									
10/22/2009	12/31/2009									

**TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17i)** ⇒ \$8,447.86

<b>Line Item Detail</b>	<b>Title</b> FLA-2005 Injury (DJ)	<b>Document Number</b> DTMA1V10042	<b>Page</b> 4 of 5
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## Detail

Line Item Number	Description	Ship Code	Invoice Code	Quantity	Unit of Issue	Unit Price	Total Cost (Includes Disc)
0001	M&C PAYMENTS - CAPE FLORIDA CREW MEMBER			1.00		\$8,447.860	\$ 8,447.86

**Ref Req No: PRCR1000104**

**Contract Type:** Other (Awards - None other apply)

**Delivery Date:**

**Period of Performance:** 10/22/2009 to 12/31/2009

**Extended Description:**

**Line Type:** Priced

**Period Type:** Base Period

**Product/Service Code:** M299

**SIC Code:** 4412

**NAICS Code:** 483111

Funding is provided in support of the 2007 disputed maintenance and cure claim of a CAPE FLORIDA crew member that appeared to be subsequent to a 2005 initial injury. This Department of Justice agreed to pay the disputed maintenance and cure in the amount of \$8,447.86.

(Supporting emails attached)

## Description

<b>Company:</b>	<b>Model Number:</b>	<b>Inspection/Acceptance</b>
<b>Prod./Cat. Number:</b>	<b>NSN:</b>	<b>Location:</b>
<b>Drawing Number:</b>	<b>Recycled Product:</b>	<b>Level:</b>
<b>Spec. Number:</b>	<b>Color:</b>	
<b>Serial Number:</b>	<b>Size:</b>	
<b>Piece Number:</b>		

## Pricing

		Estimates			
<b>Base Fee:</b>	.000	<b>Min. Profit Fee:</b>	.000	<b>Quantity:</b>	.000
<b>Award Fee:</b>	.000	<b>Max. Profit Fee:</b>	.000	<b>Min. Quantity:</b>	.000
<b>Fixed Fee:</b>	.000	<b>Target Profit Fee:</b>	.000	<b>Max. Quantity:</b>	.000
<b>Ceiling:</b>	.000	<b>Taxes:</b>	.000	<b>Variation in Quantity:</b>	.000
				<b>Est. Cost:</b>	.000
				<b>Est. Cost - Low:</b>	.000
				<b>Est. Cost - High:</b>	.000
				<b>Target Cost:</b>	.000
				<b>Target Price:</b>	.000

## Funding

Funding Strip	Expiration Date	Funded Amount
2010 - - X4303 - RRF - 9 - 3240 - - CLM0 - - 70 - 106132 - 40 - CLM0 - 25432 - 6100 - 6600 -		8,447.86

**Line Item Detail**

Title

FLA-2005 Injury (DJ)

Document Number

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**Address Information**

F.O.B. Destination

**Additional Markings:**