

**ORDER FOR SUPPLIES OR SERVICES (DRAFT)**

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

1. DATE OF ORDER 01/11/2012	2. CONTRACT NO. (If any)	6. SHIP TO: LCDR Shani Lewis		
3. ORDER NO. DTMA5A07045/0001	4. REQUISITION/REFERENCE NO.	a. NAME OF CONSIGNEE U.S. MERCHANT MARINE ACADEMY		
5. ISSUING OFFICE (Address correspondence to)  U.S. Merchant Marine Academy (Procurement) MMA-5206, Division of Procurement  Kings Point NY 11024-1699		b. STREET ADDRESS Medical-Patten Health Services		
		c. CITY Kings Point	d. STATE NY	e. ZIP CODE 11024-1699

7. TO:			f. SHIP VIA	
a. NAME OF CONTRACTOR			8. TYPE OF ORDER	
b. COMPANY NAME Defense Finance & Accounting			<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.	
c. STREET ADDRESS ATTN: DFAS-CO-FPS-M, P.O. Box 182204			<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 Columbus	e. STATE OH	f. ZIP CODE 43218-2204		

9. ACCOUNTING AND APPROPRIATION DATA	10. REQUISITIONING OFFICE U.S. MERCHANT MARINE ACADEMY
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11. BUSINESS CLASSIFICATION (Check appropriate box(es))	12. F.O.B. POINT Destination
<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	

13. PLACE OF		14. GOVERNMENT B/L NO.	15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date)	16. DISCOUNT TERMS
a. INSPECTION USMMA, Kings Point, NY 11024	b. ACCEPTANCE USMMA, Kings Point, NY 11024			

17. SCHEDULE (See reverse for Rejections)

ITEM NO. (a)	SUPPLIES OR SERVICES (b) <b>Modification</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: Osvaldo Jorge U.S. MERCHANT MARINE ACADEMY Fiscal Section  Kings Point NY 11024-1699		17(J) NEW TOT.	17(K) PREV. TOT.	17(i) MOD TOTAL -\$7,859.27

22. UNITED STATES OF AMERICA BY (Signature) <i>M. S. RL</i>	23. NAME (Typed) Max Diah TITLE: CONTRACTING/ORDERING OFFICER
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<b>Terms and Conditions</b>	<b>Document Number</b> DTMA5A07045/0001	<b>Description</b> BPA-Medical Supplies(DFAS)	<b>Creation Date</b> 01/11/2012	<b>Page</b> 3 of 3
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**Period of Performance**

Start date: 10/02/2006

End date: 09/30/2007

**Limits**

Not to Exceed Call: 0.00

Authorized Limit: 0.00

**Catalog**

Name:

Number:

The purpose of this modification is to reduce the authorized limit and close-out agreement.

A. Subject authorized limit is hereby changed from \$35,000.00 to \$27,140.73. A NET DECREASE of \$7,859.27.

B. The above reduction reflects funds remaining after all deliveries and payment of Contractor's final invoice. Subject BPA DTMA5A07045 is hereby closed-out.

Accounting & Appropriation Data: 1750 1 07 260 5050165 1E7AM 26690