

ORDER FOR SUPPLIES OR SERVICES

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

1. DATE OF ORDER 10/01/2009	2. CONTRACT NO. (If any) BAY ALARM ACCT #803820	6. SHIP TO: JERRY BELLOWS		
3. ORDER NO. DTMA4N10001	4. REQUISITION/REFERENCE NO. PRWR1000003	a. NAME OF CONSIGNEE MARAD SBS WAREHOUSE		
5. ISSUING OFFICE (Address correspondence to) DOT/Maritime Administration, WR Acquisition 201 Mission Street, Suite 1800 San Francisco CA 94105-1905		b. STREET ADDRESS 1651 VIKING STREET BLDG. 168		
		c. CITY ALAMEDA	d. STATE CA	e. ZIP CODE 94501

7. TO: a. NAME OF CONTRACTOR DUNS 028776060	f. SHIP VIA
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b. COMPANY NAME BAY ALARM COMPANY	8. TYPE OF ORDER	
c. STREET ADDRESS 60 BERRY 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 Pacheco	e. STATE CA	f. ZIP CODE 94553-5601

9. ACCOUNTING AND APPROPRIATION DATA - 2010 - X4303 - RRF 968 - 70 - MHT0 - 0 - 0000 - 000000 - 70 - 106168 - 70 - MHT0 - 25408 - - -	10. REQUISITIONING OFFICE DOT/Maritime Administration, Western Region
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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
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13. PLACE OF		14. GOVERNMENT B/L NO.	15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date) 12/31/2010	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) 17(i) GRAND TOTAL \$1,514.00
	21. MAIL INVOICE TO: Susan Wong				
	a. NAME DOT/ Enterprise Services Center (ESC) OFO/FAA, Oklahoma City				
	b. STREET ADDRESS (or P.O. Box) MARAD A/P WR Invoices Branch, AMZ-150 PO Box 25710,				
	c. CITY Oklahoma City	d. STATE OK	e. ZIP CODE 73125		

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

PAGE NO.
3 of 3

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

DATE OF ORDER 10/01/2009	CONTRACT NO. BAY ALARM ACCT #803820	ORDER NO. DTMA4N10001
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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>ALAMEDA WAREHOUSE ALARM MONITORING SERVICES</i> <i>DUNS: 028776060</i> <i>Account:# 803820</i> <i>PRWR1000003</i></p> <p>ALARM MONITORING SERVICES</p> <p>Warehouse alarm monitoring services for the Alameda Warehouse 1651 Viking Street Bldg #168 Alameda, California 94501 DUNS: 028776060 Account: 803820</p> <p>Due to availability of funds this contract is incrementally funded at \$1,514.00. The total budget for this requirement is estimated at \$3,800.00.</p> <p>The account will be billed on a quarterly billing cycle by sending invoice to: Maritime Administration Alameda Warehouse 1651 Viking Street Bldg #168 Alameda, California 94501 Attention: Mr. Mike Streblov, Contracting Officers Technical Representative</p> <p>On receipt of a valid invoice which includes the applicable contract number DTMA4N100001 and billing period, a credit card payment will be authorized. Mr Mike Streblov, Contracting Officer's Technical Representative (COTR) will call the Bay Alarm Service number @ 800-610-1000 to provide the credit card number authorized for payment. COTR will provide Contracting Officer quarterly report from PCRS of payments made for contract closeout requirements.</p> <table border="0"> <tr> <td><i>Delivery Date</i></td> <td><i>Start Date</i></td> <td><i>End Date</i></td> </tr> <tr> <td>12/31/2010</td> <td>10/01/2009</td> <td>12/31/2010</td> </tr> </table> <p>Reference Requisition: PRWR1000003</p> <p>VENDOR/COTR/CO/FINANCE PAYMENT WILL BE MADE BY CREDIT CARD. ON RECEIPT OF AN INVOICE, MR. MIKE STREBLOW, COTR WILL CALL 800-610-1000 TO PROVIDE CREDIT CARD NUMBER.</p>	<i>Delivery Date</i>	<i>Start Date</i>	<i>End Date</i>	12/31/2010	10/01/2009	12/31/2010	1.00	LOT	1,514.000	1,514.00	
<i>Delivery Date</i>	<i>Start Date</i>	<i>End Date</i>										
12/31/2010	10/01/2009	12/31/2010										

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17i) ➡ \$1,514.00