

**ORDER FOR SUPPLIES OR SERVICES**

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

1. DATE OF ORDER 08/17/2004	2. CONTRACT NO. (If any) DTMA8C00022	6. SHIP TO: FRANK LINEHAN		
3. ORDER NO. CLS28W04028	4. REQUISITION/REFERENCE NO. PRWR0400327	a. NAME OF CONSIGNEE DOT/Maritime Administration, WR Operations		
5. ISSUING OFFICE (Address correspondence to)  DOT/Maritime Administration, WR Acquisition 201 Mission Street, Suite 2200  San Francisco CA 94105-1905		b. STREET ADDRESS CAPE ISLAND		
7. TO:		c. CITY TACOMA	d. STATE WA	e. ZIP CODE
a. NAME OF CONTRACTOR <b>Ms. Patriica Murphy</b>		f. SHIP VIA		
b. COMPANY NAME <b>Crowley Liner Services, Inc.</b>		8. TYPE OF ORDER		
c. STREET ADDRESS <b>9487 Regency Square Blvd., P O Box 2110</b>		<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.		
d. CITY <b>Jacksonville</b>	e. STATE <b>FL</b>	f. ZIP CODE <b>32203-2110</b>	<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.	
9. ACCOUNTING AND APPROPRIATION DATA - 04 - X303 - 9 - 04 - 83 - - 22ISL0 - 4100 - - 254S - - 0483 - 0044Z - - -		10. REQUISITIONING OFFICE DOT/Maritime Administration, Western 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"/> d. WOMEN-OWNED
12. F.O.B. POINT Destination	14. GOVERNMENT B/L NO.	15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date)	16. DISCOUNT TERMS
13. PLACE OF		03/30/2005	10 days % 20 days % 30 days % days %
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)	
	21. MAIL INVOICE TO: Ms. Susan Wong					
	a. NAME DOT/Maritime Administration, WR Finance				\$75,000.00	17(i) GRAND TOTAL
	b. STREET ADDRESS (or P.O. Box) 201 Mission St, Suite 2200					
c. CITY San Francisco		d. STATE CA	e. ZIP CODE 94105			

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**

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DATE OF ORDER 08/17/2004	CONTRACT NO. DTMA8C00022	ORDER NO. CLS28W04028
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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>CLIN 5002AL CAPE ISLAND GRP 28 PH V</i></p> <p>CLIN 5002AL CAPE ISLAND GRP 28 PH V Reimbursable Items</p> <hr/> <p>FURNISH LABOR, MATERIAL, SERVICES AND OWN STAFF AS DIRECTED TO DEACTIVATE THE VESSEL FROM OIF III, IN ACCORDANCE WITH THE SHIP MANAGER CONTRACT AND DEACTIVATION PLAN.</p> <p>THIS FUNDING DOCUMENT IS YOUR AUTHORIZATION TO ISSUE SUBCONTRACTS, USING YOUR SMALL PURCHASE PROCUREMENT PROCEDURES.</p> <p>THE WORK/SERVICES AUTHORIZED HEREIN SHALL BE ACCOMPLISHED UTILIZING THE SHIP MANAGER'S OWN WORKFORCE.</p> <p><i>Delivery Date</i> 03/30/2005</p> <p>Reference Requisition: PRWR0400327</p> <p><i>Electronic DISTRIBUTION:</i> 4400 S Wong, 4700 K. Dwyer/F. Linehan; Ship Manager</p> <hr/>	1.00	JOB	75,000.000	75,000.00	

**TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17i)** ⇒ \$75,000.00