

05

ORDER FOR SUPPLIES OR SERVICES

PAGE OF PAGES

1 19

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

1 DATE OF ORDER 03/06/2010	2 CONTRACT NO. (If any) CPSC-N-10-0128	6. SHIP TO:	
3. ORDER NO.		a. NAME OF CONSIGNEE CONSUMER PRODUCT SAFETY COMMISSION	
4. REQUISITION/REFERENCE NO.			

5. ISSUING OFFICE (Address correspondence to) CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814		b. STREET ADDRESS DIV OF HAZARD & INJURY DATA SYS 4330 EAST WEST HIGHWAY ROOM 604-26	
c. CITY BETHESDA		d. STATE MD	e. ZIP CODE 20814

7 TO: BARBARA OTT DIRECTOR ER ROOM	f. SHIP VIA
------------------------------------	-------------

a. NAME OF CONTRACTOR CALUMET MEDICAL CENTER INC	8 TYPE OF ORDER	
b. COMPANY NAME	<input checked="" type="checkbox"/> a. PURCHASE REFERENCE YOUR	<input type="checkbox"/> b. DELIVERY
c. STREET ADDRESS 614 MEMORIAL DRIVE	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 CHILTON	e. STATE WI	f. ZIP CODE 53014-1597

9. ACCOUNTING AND APPROPRIATION DATA See Schedule	10. REQUISITIONING OFFICE CONSUMER PRODUCT SAFETY COMMISSION
--	---

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) Multiple	16. DISCOUNT TERMS Net 30
a. INSPECTION Destination	b. ACCEPTANCE Destination			

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)
	DUNS Number: [REDACTED] HOSPITAL ID#: 8V061065 BASIC CONTRACT: 10/01/09 THRU 09/30/10  Continued ...					

18. SHIPPING POINT	19. GROSS SHIPPING WEIGHT	20. INVOICE NO.	17(h) TOTAL (Cont. pages)
21. MAIL INVOICE TO:			
a. NAME CONSUMER PRODUCT SAFETY COMMISSION			\$5,779.20
b. STREET ADDRESS (or P.O. Box) DIVISION OF FINANCIAL SERVICES 4330 EAST WEST HWY ROOM 522			17(i) GRAND TOTAL
c. CITY BETHESDA	d. STATE MD	e. ZIP CODE 20814	

22. UNITED STATES OF AMERICA BY (Signature) 	23 NAME (Typed) Doris B. Kessler TITLE: CONTRACTING/ORDERING OFFICER
---	--

**ORDER FOR SUPPLIES OR SERVICES  
SCHEDULE - CONTINUATION**

PAGE NO

2

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

DATE OF ORDER	CONTRACT NO.	ORDER NO.
03/06/2010	CPSC-N-10-0128	

ITEM NO	SUPPLIES/SERVICES	QUANTITY ORDERED	UNIT	UNIT PRICE	AMOUNT	QUANTITY ACCEPTED
(a)	(b)	(c)	(d)	(e)	(f)	(g)
0001	Admin Office: CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814 Period of Performance: 10/01/2009 to 09/30/2010  ESTIMATED QUANTITY NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.  MINIMUM QTY: 188 MAXIMUM QTY: 938   Accounting Info: 0100A10DPS-2010-1117900000-EXFM004310-252E0 Funded: \$5,760.00	750	EA	7.68	5,760.00	
0002	ESTIMATED QUANTITY SUPPLEMENTAL//SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.  MINIMUM QTY: 1 MAXIMUM QTY: 10  Accounting Info: 0100A10DPS-2010-1117900000-EXFM004310-252E0 Funded: \$19.20	10	EA	1.92	19.20	
0003	OPTION PERIOD: 10/01/10 THRU 09/30/11  ESTIMATED QUANTITY NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS.  MINIMUM QTY: 188 MAXIMUM QTY: 938 Continued ...	750	EA	7.68	0.00	

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))

\$5,779.20

**ORDER FOR SUPPLIES OR SERVICES  
SCHEDULE - CONTINUATION**

PAGE NO

3

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

DATE OF ORDER  
03/06/2010

CONTRACT NO  
CPSC-N-10-0128

ORDER NO.

ITEM NO (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0004	<p>Amount: \$5,760.00 (Option Line Item) 10/01/2010</p> <p>Accounting Info: 0100A11DPS-2011-1117900000-EXFM004310-252E0 Funded: \$0.00 \$5,760.00 (Subject to Availability of Funds) \$0.00 (Subject to Availability of Funds) Period of Performance: 10/01/2010 to 09/30/2011</p> <p>ESTIMATED QUANTITY SUPPLEMENTAL/SPECIAL STUDY REPORTS.</p> <p>MINIMUM QTY: 1 MAXIMUM QTY: 10 Amount: \$19.20 (Option Line Item) 10/01/2010</p> <p>Accounting Info: 0100A11DPS-2011-1117900000-EXFM004310-252E0 Funded: \$0.00 \$19.20 (Subject to Availability of Funds) \$0.00 (Subject to Availability of Funds) Period of Performance: 10/01/2010 to 09/30/2011</p> <p>The total amount of award: \$11,558.40. The obligation for this award is shown in box 17(i).</p>	10	EA	1.92	0.00	
TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))					\$0.00	