

ORDER FOR SUPPLIES OR SERVICES

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

1 DATE OF ORDER 03/05/2010	2 CONTRACT NO. (If any) CPSC-N-10-0112	6. SHIP TO	
3 ORDER NO.	4 REQUISITION/REFERENCE NO.	a NAME OF CONSIGNEE CONSUMER PRODUCT SAFETY COMMISSION	

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: KATINA SANTOS DEP EX DIR	i SHIP VIA
a NAME OF CONTRACTOR HOSPITAL PAVIA	

b COMPANY NAME	8. TYPE OF ORDER	
c STREET ADDRESS PO BOX 11137	<input checked="" type="checkbox"/> a. PURCHASE REFERENCE YOUR:	<input type="checkbox"/> b. DELIVERY
d CITY SANTURCE	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	
e STATE PR	f ZIP CODE 00910-2237	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 See Schedule	10 REQUISITIONING OFFICE CONSUMER PRODUCT SAFETY COMMISSION
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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) 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# 4N391055 BASIC CONTRACT: 10/01/09 THRU 09/30/10 Accounting Info: 0100A10DPS 2010 1117900000 EXFM004310 252E0 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		\$3,150.00
b STREET ADDRESS (or P O Box)	DIVISION OF FINANCIAL SERVICES 4330 EAST WEST HWY ROOM 522		
c CITY BETHESDA	d. STATE MD	e ZIP CODE 20814	\$3,150.00
SEE BILLING INSTRUCTIONS ON REVERSE			17(i) GRAND TOTAL

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

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

PAGE NO

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

DATE OF ORDER

CONTRACT NO

ORDER NO.

03/05/2010

CPSC-N-10-0112

ITEM NO (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0001	<p>ESTIMATED QUANTITY ACCESS ONLY TO NEISS SURVEILLANCE REPORTS, SPECIAL SURVEY REPORTS AND SUPPLEMENTAL/SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</p> <p>MINIMUM QTY: 563 MAXIMUM QTY: 2,813</p> <p>Period of Performance: 10/01/2009 to 09/30/2010</p>	2250	EA	1.40	3,150.00	
0002	<p>OPTION PERIOD: 10/01/10 THRU 09/30/11</p> <p>ESTIMATED QUANTITY ACCESS ONLY TO NEISS SURVEILLANCE REPORTS, SPECIAL SURVEY REPORTS AND SUPPLEMENTAL/SPECIAL STUDY REPORTS.</p> <p>MINIMUM QTY: 563 MAXIMUM QTY: 2,813 Amount: \$3,150.00 (Option Line Item) 10/01/2010</p> <p>Accounting Info: 0100A11DPS-2011-1117900000-EXFM004310- 252E0 \$3,150.00 (Subject to Availability of Funds) Period of Performance: 10/01/2010 to 09/30/2011</p> <p>The total amount of award: \$6,300.00. The obligation for this award is shown in box 17(i).</p>	2250	EA	1.40	0.00	

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

\$3,150.00