

DS

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 01/11/2010	2. CONTRACT NO. (If any) CPSC-N-10-0072	6. SHIP TO:	
3. ORDER NO.		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		a. NAME OF CONSIGNEE CONSUMER PRODUCT SAFETY COMMISSION	

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: BRIDGET COSBY CFO		f. SHIP VIA		

a. NAME OF CONTRACTOR HOLDENVILLE GENERAL HOSPITAL		8. TYPE OF ORDER		
b. COMPANY NAME		<input checked="" type="checkbox"/> a. PURCHASE	<input type="checkbox"/> b. DELIVERY	
c. STREET ADDRESS 100 MCDUGAL DRIVE		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 HOLDENVILLE		e. STATE OK	f. ZIP CODE 74848-9700	

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
<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	Destination
<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] 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			\$1,639.00
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 01/11/2010	CONTRACT NO CPSC-N-10-0072	ORDER NO.
-----------------------------	-------------------------------	-----------

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0001	Admin Office: CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814 ESTIMATED QUANTITY ACCESS ONLY TO NEISS SURVEILLANCE REPORTS, SPECIAL SURVEY REPORTS AND SUPPLEMENTAL/SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK. MINIMUM QTY: 275 MAXIMUM QTY: 1,375 Accounting Info: 10-PS-EXFM-4310-11179-252E Funded: \$1,639.00 Period of Performance: 10/01/2009 to 09/30/2010	1100	EA	1.49	1,639.00	
0002	OPTION PERIOD: 10/01/10 THRU 09/30/11 ESTIMATED QUANTITY ACCESS ONLY TO NEISS SURVEILLANCE REPORTS, SPECIAL SURVEY REPORTS AND SUPPLEMENTAL/SPECIAL STUDY REPORTS. MINIMUM QTY: 275 MAXIMUM QTY: 1,375 Amount: \$1,639.00 (Option Line Item) Accounting Info: 11-PS-EXFM-4310-11179-252E Funded: \$0.00 \$1,639.00 (Subject to Availability of Funds) \$0.00 (Subject to Availability of Funds) Period of Performance: 10/01/2010 to 09/30/2011 Continued ...	1100	EA	1.49	0.00	

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

\$1,639.00

**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

CONTRACT NO.

ORDER NO.

01/11/2010

CPSC-N-10-0072

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	The total amount of award: \$3,278.00. The obligation for this award is shown in box 17(i).					

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

\$0.00