

08

ORDER FOR SUPPLIES OR SERVICES

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19

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

1 DATE OF ORDER
01/07/2010

2 CONTRACT NO (If any)
CPSC-N-10-0064

6. SHIP TO:

a NAME OF CONSIGNEE

CONSUMER PRODUCT SAFETY COMMISSION

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

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 TINA STEELE CEO CFO

f SHIP VIA

a. NAME OF CONTRACTOR
FAIRFAX MEMORIAL HOSPITAL

8. TYPE OF ORDER

b. COMPANY NAME

a. PURCHASE
REFERENCE YOUR:

b. DELIVERY

c. STREET ADDRESS
HIGHWAY 18 TAFT AVENUE
OSAGE COUNTY

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.

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
FAIRFAX

e. STATE
OK

f. ZIP CODE
74637-0219

9. ACCOUNTING AND APPROPRIATION DATA
See Schedule

10. REQUISITIONING OFFICE
CONSUMER PRODUCT SAFETY COMMISSION

11. BUSINESS CLASSIFICATION (Check appropriate box(es))

a. SMALL

b. OTHER THAN SMALL

c. DISADVANTAGED

g. SERVICE-DISABLED VETERAN-OWNED

d. WOMEN-OWNED

e. HUBZone

f. EMERGING SMALL BUSINESS

12. F.O.B. POINT

Destination

13. PLACE OF

14. GOVERNMENT B/L NO.

15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date)
Multiple

16. DISCOUNT TERMS

a. INSPECTION
Destination

b. ACCEPTANCE
Destination

Net 30

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 This contract is being incrementally funded in the amount of \$1,498.53 for the period October 1, 2009 through January 31, 2010. Continued ...					

SEE BILLING INSTRUCTIONS ON REVERSE	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		\$1,498.53
	b STREET ADDRESS (or P. O. Box)	DIVISION OF FINANCIAL SERVICES 4330 EAST WEST HWY ROOM 522		\$1,498.53
c CITY	d STATE	e. ZIP CODE		
	BETHESDA	MD	20814	17(i) GRAND TOTAL

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

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DATE OF ORDER
01/07/2010

CONTRACT NO.
CPSC-N-10-0064

ORDER NO.

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	Additional funding will be provided, by modification, when funds become available. 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					
0001	ESTIMATED QUANTITY NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK. MINIMUM QTY: 125 MAXIMUM QTY: 625 Accounting Info: 10-PS-EXFM-4310-11179-252E Funded: \$1,430.55	165	EA	8.67	1,430.55	
0002	ESTIMATED QUANTITY SUPPLEMENTAL//SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK. MINIMUM QTY: 10 MAXIMUM QTY: 100 Accounting Info: 10-PS-EXFM-4310-11179-252E Funded: \$67.98	33	EA	2.06	67.98	
0004	OPTION PERIOD: 10/01/10 THRU 09/30/11 ESTIMATED QUANTITY NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS. MINIMUM QTY: 125 Continued ...	500	EA	8.67	0.00	

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

\$1,498.53

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

PAGE NO

3

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DATE OF ORDER
01/07/2010

CONTRACT NO.
CPSC-N-10-0064

ORDER NO.

ITEM NO (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0005	<p>MAXIMUM QTY: 625 Amount: \$4,335.00 (Option Line Item) 10/01/2010</p> <p>Accounting Info: 11-PS-EXFM-4310-11179-252E Funded: \$0.00 \$0.00 (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: 10 MAXIMUM QTY: 100 Amount: \$206.00 (Option Line Item) 10/01/2010</p> <p>Accounting Info: 11-PS-EXFM-4310-11179-252E Funded: \$0.00 \$0.00 (Subject to Availability of Funds) \$0.00 (Subject to Availability of Funds) Period of Performance: 10/01/2010 to 09/30/2011</p> <p>The total amount of award: \$6,039.53. The obligation for this award is shown in box 17(i).</p>	100	EA	2.06	0.00	

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

\$0.00