

05

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 12/14/2009	2. CONTRACT NO. (If any) CPSC-N-10-0054	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
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7 TO: a. NAME OF CONTRACTOR JACQUELINE MCDANIELS	f. SHIP VIA
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b. COMPANY NAME	8. TYPE OF ORDER <input checked="" type="checkbox"/> a. PURCHASE REFERENCE YOUR: <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
c. STREET ADDRESS [REDACTED]	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 ALTADENA	e. STATE CA	f. ZIP CODE 91001-4715	

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)) <input checked="" type="checkbox"/> a. SMALL <input checked="" type="checkbox"/> d. WOMEN-OWNED <input type="checkbox"/> b. OTHER THAN SMALL <input type="checkbox"/> e. HUBZone <input type="checkbox"/> c. DISADVANTAGED <input type="checkbox"/> f. EMERGING SMALL BUSINESS <input type="checkbox"/> g. SERVICE-DISABLED VETERAN-OWNED	12. F.O.B. POINT Destination
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13. PLACE OF a. INSPECTION Destination	b. ACCEPTANCE Destination	14. GOVERNMENT B/L NO.	15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date) Multiple	16. DISCOUNT TERMS Net 30
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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 Num [REDACTED] PERIOD OF PERFORMANCE: 10/01/09 THRU 09/30/10 HOSPITAL ID#: 8L192018 This contract is being incrementally funded 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		\$4,900.20
	b. STREET ADDRESS (or P. O. Box)	DIVISION OF FINANCIAL SERVICES 4330 EAST WEST HWY ROOM 522		
c. CITY	d. STATE	e. ZIP CODE	\$4,900.20	17(i) GRAND TOTAL
	BETHESDA	MD	20814	

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

12/14/2009

CPSC-N-10-0054

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>in the amount of \$4,900.20 for the period October 1, 2009 through January 31, 2010. Additional funding will be provided, by modification, when funds become available.</p> <p>Admin Office: CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814</p>					
0001	<p>ESTIMATED QUANTITY NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</p> <p>MINIMUM QTY: 1,938 MAXIMUM QTY: 9,688</p> <p>Accounting Info: 10-PS-EXFM-4310-11179-252E Funded: \$4,856.04 Period of Performance: 10/01/2009 to 09/30/2010</p>	2583	EA	1.88	4,856.04	
0002	<p>ESTIMATED QUANTITY SUPPLEMENTAL/SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</p> <p>MINIMUM QTY: 28 MAXIMUM QTY: 275</p> <p>Accounting Info: 10-PS-EXFM-4310-11179-252E Funded: \$44.16 Period of Performance: 10/01/2009 to 09/30/2010</p>	92	EA	0.48	44.16	
0003	<p>OPTION PERIOD: 10/01/10 THRU 09/30/11</p> <p>ESTIMATED QUANTITY Continued ...</p>	7750	EA	1.88	0.00	

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

\$4,900.20

**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 12/14/2009	CONTRACT NO. CPSC-N-10-0054	ORDER NO
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ITEM NO (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0004	<p>NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS.</p> <p>MINIMUM QTY: 1,938 MAXIMUM QTY: 9,688 Amount: \$14,570.00 (Option Line Item) 10/01/2010</p> <p>Accounting Info: 11-PS-EXFM-4310-11179-2523 Funded: \$0.00 \$0.00 \$0.00 Period of Performance: 10/01/2010 to 09/30/2011</p> <p>ESTIMATED QUANTITY SUPPLEMENTAL/SPECIAL STUDY REPORTS.</p> <p>MINIMUM QTY: 28 MAXIMUM QTY: 275 Amount: \$132.00 (Option Line Item) 10/01/2010</p> <p>Accounting Info: 11-PS-EXFM-4310-11179-252E Funded: \$0.00 \$0.00 \$0.00 Period of Performance: 10/01/2010 to 09/30/2011</p> <p>The total amount of award: \$19,602.20. The obligation for this award is shown in box 17(i).</p>	275	EA	0.48	0.00	

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

\$0.00