

ORDER FOR SUPPLIES OR SERVICES

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

1 DATE OF ORDER 11/24/2009	2 CONTRACT NO. (If any) CPSC-N-10-0031	6 SHIP TO: a. NAME OF CONSIGNEE CONSUMER PRODUCT SAFETY COMMISSION
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3 ORDER NO	4 REQUISITION/REFERENCE NO
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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 MARIA ROSARIO-COLON	f SHIP VIA
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b COMPANY NAME	<input checked="" type="checkbox"/> a PURCHASE REFERENCE YOUR:	<input type="checkbox"/> b DELIVERY
c STREET ADDRESS CO MEDICAL RECORDS DEPT HOSPITAL PAVIA 1463 ASIA STREET PO BOX 11137	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 SANTURCE	e STATE PR	f ZIP CODE 00910

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 Number: [REDACTED] HOSPITAL ID# 4N391055 This contract is being incrementally funded in the amount of \$1,674.18 for the period of October 1, 2009 through November 30, 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			\$1,674.18
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
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**ORDER FOR SUPPLIES OR SERVICES
SCHEDULE - CONTINUATION**

PAGE NO

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DATE OF ORDER

CONTRACT NO.

ORDER NO.

11/24/2009

CPSC-N-10-0031

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0001	2009. Additional funds 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 ESTIMATED QUANTITY NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK. MINIMUM QTY: 563 MAXIMUM QTY: 2,813 Accounting Info: 10-PS-EXFM-4310-11179-252E Funded: \$1,488.75	375	EA	3.97	1,488.75	
0002	ESTIMATED QUANTITY SUPPLEMENTAL/SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK. MINIMUM QTY: 40 MAXIMUM QTY: 400 Accounting Info: 10-PS-EXFM-4310-11179-252E Funded: \$66.33	67	EA	0.99	66.33	
0003	REIMBURSEMENT FOR ESTIMATED MONTHLY RECURRING COMMUNICATION CHARGES Accounting Info: 10-PS-EXFM-4310-11179-252E Funded: \$42.00 Period of Performance: 11/01/2009 to 09/30/2010 Continued ...	1	MO	42.00	42.00	

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

\$1,597.08

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SCHEDULE - CONTINUATION**

PAGE NO

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11/24/2009

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ITEM NO (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0004	REIMBURSEMENT FOR INTERNET INSTALLATION CHARGES Accounting Info: 10-PS-EXFM-4310-11179-252E Funded: \$49.99 Period of Performance: 10/01/2009 to 10/31/2009	1	MO	49.99	49.99	
0005	REIMBURSEMENT FOR TELEPHONE CHARGES FOR THE MONTH OF OCTOBER. Accounting Info: 10-PS-EXFM-4310-11179-252E Funded: \$27.11 Period of Performance: 10/01/2009 to 10/31/2009	1	MO	27.11	27.11	
0006	OPTION PERIOD: 10/01/10 THRU 09/30/11 ESTIMATED QUANTITY NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS. MINIMUM QTY: 563 MAXIMUM QTY: 2,813 Amount: \$8,932.50 (Option Line Item) 10/01/2010 Accounting Info: 11-PS-EXFM-4310-11179-2523 Funded: \$0.00 \$8,932.50 (Subject to Availability of Funds) \$0.00 (Subject to Availability of Funds) Period of Performance: 10/01/2010 to 09/30/2011	2250	EA	3.97	0.00	
0007	ESTIMATED QUANTITY SUPPLEMENTAL/SPECIAL STUDY REPORTS. MINIMUM QTY: 40 MAXIMUM QTY: 400 Amount: \$396.00 (Option Line Item) Continued ...	400	EA	0.99	0.00	

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

\$77.10

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11/24/2009

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ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	10/01/2010 Accounting Info: 11-PS-EXFM-4310-11179-252E Funded: \$0.00 \$594.00 (Subject to Availability of Funds) \$0.00 (Subject to Availability of Funds) Period of Performance: 10/01/2010 to 09/30/2011					
0008	REIMBURSEMENT FOR ESTIMATED MONTHLY RECURRING COMMUNICATION CHARGES. Amount: \$504.00 (Option Line Item) 10/01/2010 Accounting Info: 11-PS-EXFM-4310-11179-252E Funded: \$0.00 \$504.00 (Subject to Availability of Funds) \$0.00 (Subject to Availability of Funds) Period of Performance: 10/01/2010 to 09/30/2011 The total amount of award: \$11,506.68. The obligation for this award is shown in box 17(i).	12	MO	42.00	0.00	

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

\$0.00