

**ORDER FOR SUPPLIES OR SERVICES**

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

1. DATE OF ORDER 10/28/2009		2. CONTRACT NO. (If any) CPSC-N-10-0001		6. SHIP TO: a. NAME OF CONSIGNEE CONSUMER PRODUCT SAFETY COMMISSION	
3. ORDER NO.		4. REQUISITION/REFERENCE NO.		b. STREET ADDRESS DIV OF HAZARD & INJURY DATA SYS 4330 EAST WEST HIGHWAY ROOM 604-26	
5. ISSUING OFFICE (Address correspondence to) CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814				c. CITY BETHESDA	e. ZIP CODE 20814
7. TO: a. NAME OF CONTRACTOR BROCK KATHERINE L				f. SHIP VIA	
b. COMPANY NAME				8. TYPE OF ORDER <input checked="" type="checkbox"/> a. PURCHASE 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.	
c. STREET ADDRESS ████████████████████				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.	
d. CITY BURBANK		e. STATE OK	f. ZIP CODE 74633-5061		
9. ACCOUNTING AND APPROPRIATION DATA 10 PS EXFM 4310 11179 252E				10. REQUISITIONING OFFICE CONSUMER PRODUCT SAFETY COMMISSION	

11. BUSINESS CLASSIFICATION (Check appropriate box(es)) <input checked="" type="checkbox"/> a. SMALL <input type="checkbox"/> b. OTHER THAN SMALL <input type="checkbox"/> c. DISADVANTAGED <input type="checkbox"/> g. SERVICE-DISABLED VETERAN-OWNED <input checked="" type="checkbox"/> d. WOMEN-OWNED <input type="checkbox"/> e. HUBZone <input type="checkbox"/> f. EMERGING SMALL BUSINESS				12. F.O.B. POINT Destination	
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	

**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: ██████████ HOSPITAL ID#: 3T252055 BASIC CONTRACT: 10/01/09 THRU 09/30/10  This contract is being incrementally funded in the amount of \$1,695.50 for the period 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						\$1,695.50
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		\$1,695.50	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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**ORDER FOR SUPPLIES OR SERVICES  
SCHEDULE - CONTINUATION**

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DATE OF ORDER 10/28/2009	CONTRACT NO. CPSC-N-10-0001	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)
	October 1, 2009 through March 31, 2010. 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					
0001	ESTIMATED QUANTITY NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.  MINIMUM QTY: 150 MAXIMUM QTY: 750	300	EA	4.35	1,305.00	
0002	ESTIMATED QUANTITY SUPPLEMENTAL/SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.  MINIMUM QTY: 10 MAXIMUM QTY: 100	50	EA	1.09	54.50	
0003	REIMBURSEMENT FOR TRAINING COSTS.  16 HRS X \$21.00 = \$336.00	1	LT	336.00	336.00	
0004	OPTION PERIOD: 10/01/10 THRU 09/30/11  ESTIMATED QUANTITY NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS.  MINIMUM QTY: 150 MAXIMUM QTY: 750 Amount: \$2,610.00 (Option Line Item)  Continued ...	600	EA	4.35	0.00	

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

\$1,695.50

**SCHEDULE - CONTINUATION**

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DATE OF ORDER	CONTRACT NO.	ORDER NO.
10/28/2009	CPSC-N-10-0001	

ITEM NO.	SUPPLIES/SERVICES	QUANTITY ORDERED	UNIT	UNIT PRICE	AMOUNT	QUANTITY ACCEPTED
(a)	(b)	(c)	(d)	(e)	(f)	(g)
0005	Accounting Info: 11-PS-EXFM-4310-11179-252E \$2,610.00 Period of Performance: 10/01/2010 to 09/30/2011  ESTIMATED QUANTITY SUPPLEMENTAL/SPECIAL STUDY REPORTS.  MINIMUM QTY: 10 MAXIMUM QTY: 100 Amount: \$109.00 (Option Line Item)  Accounting Info: 11-PS-EXFM-4310-11179-252E \$109.00 Period of Performance: 10/01/2010 to 09/30/2011  The total amount of award: \$4,414.50. The obligation for this award is shown in box 17(i).	100	EA	1.09	0.00	

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

\$0.00