**ORDER FOR SUPPLIES OR SERVICES**

**DATE OF ORDER** 11/24/2009

**CONTRACT NO.** CFSC-N-10-0031

**ORDER NO.**

**REQUISITION/REFERENCE NO.**

**ISSUING OFFICE**

CONSUMER PRODUCT SAFETY COMMISSION
DIV OF PROCUREMENT SERVICES
4330 EAST WEST HWY
ROOM 517
BETHESDA MD 20814

**TO:**

**NAME OF CONTRACTOR** MARIA ROSARIO-COLON

**COMPANY NAME**

**STREET ADDRESS**

CO MEDICAL RECORDS DEPT
HOSPITAL PAVIA
1463 ASIA STREET PO BOX 11137

**CITY** SANTURCE
**STATE** PR
**ZIP CODE** 00910

**ACCOUNTING AND APPROPRIATION DATA**

See Schedule

**BUSINESS CLASSIFICATION**

- Check appropriate box(es) for your business classification:
  - a. SMALL
  - b. OTHER THAN SMALL
  - c. DISADVANTAGED
  - d. WOMEN-OWNED
  - e. HUBZone
  - f. EMERGING SMALL BUSINESS

**PLACE OF INSPECTION**

**PLACE OF ACCEPTANCE**

**REQUISITIONING OFFICE**

CONSUMER PRODUCT SAFETY COMMISSION

**TYPE OF ORDER**

- PURCHASE

**PLACE OF SHIPMENT**

**GOVERNMENT B/L NO.**

**DELIVER TO FOB POINT**

**SHORTAGE TERMS**

- Net 30

**SCHEDULE**

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<tr>
<th>ITEM NO.</th>
<th>SUPPLIES OR SERVICES</th>
<th>QUANTITY ORDERED</th>
<th>UNIT</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
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<td>DUNS Number: HOSPITAL ID#: 4N391055</td>
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This contract is being incrementally funded in the amount of $1,674.18 for the period of October 1, 2009 through November 30, Continued ...

**INVOICE NO.**

**MAIL INVOICE TO:**

**NAME** CONSUMER PRODUCT SAFETY COMMISSION

**STREET ADDRESS**

DIVISION OF FINANCIAL SERVICES
4330 EAST WEST HWY
ROOM 522

**CITY** BETHESDA
**STATE** MD
**ZIP CODE** 20814

**DORIS B. KESSLER**

TITLE CONTRACTING/ORDERING OFFICER

AUTHORIZED FOR LOCAL REPRODUCTION

PREVIOUS EDITION NOT USABLE

OPTIONAL FORM 347 (Nov-2006)

Printed by CRS (CM 46-423)

PREVIOUS EDITION NOT USABLE
**ORDER FOR SUPPLIES OR SERVICES**

**SCHEDULE - CONTINUATION**

**DATE OF ORDER**: 11/24/2009  
**CONTRACT NO**: CPSC-N-10-0031  
**ORDER NO**: 

---

**ITEM NO** | **SUPPLIES/SERVICES** | **QUANTITY ORDERED** | **UNIT** | **UNIT PRICE** | **AMOUNT** | **QUANTITY ACCEPTED**
--- | --- | --- | --- | --- | --- | ---
0001 | ESTIMATED QUANTITY NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK. | 375 | EA | 3.97 | 1,488.75 | 

MINIMUM QTY: 563  
MAXIMUM QTY: 2,813  
Accounting Info:  
10-PS-EXFM-4310-11179-252E  
Funded: $1,488.75

0002 | ESTIMATED QUANTITY SUPPLEMENTAL/SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK. | 67 | EA | 0.99 | 66.33 | 

MINIMUM QTY: 40  
MAXIMUM QTY: 400  
Accounting Info:  
10-PS-EXFM-4310-11179-252E  
Funded: $66.33

0003 | REIMBURSEMENT FOR ESTIMATED MONTHLY RECURRING COMMUNICATION CHARGES | 1 | MO | 42.00 | 42.00 | 

Accounting Info:  
10-PS-EXFM-4310-11179-252E  
Funded: $42.00  
Period of Performance: 11/01/2009 to 09/30/2010  
Continued ...

---

**TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17H)**: $1,597.08

---

**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

---

**IMPORTANT**: Mark all packages and papers with contract and/or order numbers.
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<thead>
<tr>
<th>ITEM NO.</th>
<th>SUPPLIES/SERVICES</th>
<th>QUANTITY ORDERED</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
<th>QUANTITY ACCEPTED</th>
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<tbody>
<tr>
<td>0004</td>
<td>REIMBURSEMENT FOR INTERNET INSTALLATION CHARGES</td>
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<td>49.99</td>
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<td>Funded: $49.99</td>
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<td>NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS</td>
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<td>$8,932.50 (Subject to Availability of Funds)</td>
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<td>$0.00 (Subject to Availability of Funds)</td>
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$77.10
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<th>QUANTITY ACCEPTED</th>
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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

The total amount of award: $11,506.68. The obligation for this award is shown in box 17(i).