**ORDER FOR SUPPLIES OR SERVICES**

1. **DATE OF ORDER**: 01/11/2010

2. **CONTRACT NO.** (If any)

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

6. **SHIP TO**:

   a. NAME OF CONSIGNEE
   CONSUMER PRODUCT SAFETY COMMISSION

   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:

   a. NAME OF CONTRACTOR
   DAVIES COUNTY HOSPITAL

   b. COMPANY NAME
   DAVIES COUNTY HOSPITAL

   c. STREET ADDRESS
   1314 EAST WALNUT STREET
   PO BOX 760

   d. CITY
   BETHESDA

   e. STATE
   MD

   f. ZIP CODE
   20814

8. **TYPE OF ORDER**

   a. PURCHASE
   
   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.

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
    - d. WOMEN-OWNED
    - e. HUBZone
    - f. EMERGING SMALL BUSINESS
    - g. SERVICE-DISABLED VETERAN-OWNED

12. **F.O.B. POINT**

    Destination

13. **PLACE OF DELIVERY**

14. **GOVERNMENT BILL NO.**

15. **DELIVER TO F.O.B. POINT**

    a. INSPECTION
    Destination

    b. ACCEPTANCE
    Destination

16. **DISCOUNT TERMS**

    Net 30

17. **SCHEDULE** (See reverse for Rejections)

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SUPPLIES OR SERVICES</th>
<th>QUANTITY ORDERED</th>
<th>UNIT</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
<th>QUANTITY ACCEPTED</th>
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<td>(e)</td>
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</table>

- **ITEM NO.**
- **SUPPLIES OR SERVICES**
- **QUANTITY ORDERED**
- **UNIT**
- **UNIT PRICE**
- **AMOUNT**
- **QUANTITY ACCEPTED**

18. **SHIPPING POINT**

19. **GROSS SHIPPING WEIGHT**

20. **INVOICE NO.**

21. **MAIL INVOICE TO**:

   a. NAME
   CONSUMER PRODUCT SAFETY COMMISSION

   b. STREET ADDRESS
   DIVISION OF FINANCIAL SERVICES
   4330 EAST WEST HWY
   ROOM 522

   c. CITY
   BETHESDA

   d. STATE
   MD

   e. ZIP CODE
   20814

22. **UNITED STATES OF AMERICA**

23. **NAME** (Typed)

   Doris B. Kessler

   **TITLE**
   CONTRACTING/ORDERING OFFICER

24. **AUTHORIZED FOR LOCAL REPRODUCTION**

25. **PREVIOUS EDITION NOT USABLE**

26. **OPTIONAL FORM 347**

27. **(Rev. 4/2006)**

28. **Prescribed by GS/DFAR 48 CFR 53 211(b)**
IMPORTANT: Mark all packages and papers with contract and/or order numbers.

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<thead>
<tr>
<th>DATE OF ORDER</th>
<th>CONTRACT NO.</th>
<th>ORDER NO.</th>
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**ITEM NO.** | **SUPPLIES/SERVICES** | **QUANTITY ORDERED** | **UNIT** | **UNIT PRICE** | **AMOUNT** | **QUANTITY ACCEPTED** |
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<td>1400 EA</td>
<td>5.28</td>
<td>7,392.00</td>
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NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.

MINIMUM QTY: 1,050
MAXIMUM QTY: 5,250

Accounting Info:
10-PS-EXFM-4310-11179-252E
Funded: $7,392.00
Period of Performance: 10/01/2009 to 09/30/2010

0002 ESTIMATED QUANTITY
SUPPLEMENTAL/SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.

MINIMUM QTY: 70
MAXIMUM QTY: 700

Accounting Info:
11-PS-EXFM-4310-11179-252E
Funded: $305.23
Period of Performance: 10/01/2010 to 09/30/2011

0003 OPTION PERIOD: 10/01/10 THRU 09/30/11
4200 EA 5.28 0.00

ESTIMATED QUANTITY
NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS.
Continued...

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H)) $7,697.23
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