ORDER FOR SUPPLIES OR SERVICES

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

1. DATE OF ORDER
01/13/2010

2. CONTRACT NO. (If any)
CPSC-N-18-0071

6. SHIP TO

7. TO
CATHY WOLFE, VP OF NURSING

8. TYPE OF ORDER

a. NAME OF CONSIGNEE
CONSUMER PRODUCT SAFETY COMMISSION

b. STREET ADDRESS
DIV OF HAZARD & INJURY DATA SYS
4330 EAST WEST HIGHWAY
ROOM 604-26

b. STREET ADDRESS
CONSUMER PRODUCT SAFETY COMMISSION
4330 EAST WEST HWY
ROOM 517
BETHESDA MD 20814

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

d. WOMEN-OWNED
e. HUBZone

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)

16. DISCOUNT TERMS
MULTIPLE

17. SCHEDULE (See reverse for Rejections)

ITEM NO. (a)

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

b. STREET ADDRESS
4330 EAST WEST HWY
ROOM 522

22. UNITED STATES OF
AMERICA

23. NAME (Typed)
Doris B. Kessler
TITLE CONTRACTING/ORDERING OFFICER

Doris B. Kessler
TITLE CONTRACTING/ORDERING OFFICER

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OPTIMAL FORM 347 (Rev. 4/2006)
Prepared by GSA
48 CFR 53 213(e)
## ORDER FOR SUPPLIES OR SERVICES

### SCHEDULE - CONTINUATION

**DATE OF ORDER**: 01/13/2010  
**CONTRACT NO**: CPSC-N-10-0077

**ITEM NO** | **SUPPLIES/SERVICES** | **QUANTITY ORDERED** | **UNIT** | **UNIT PRICE** | **AMOUNT**
---|---|---|---|---|---
0001 | ESTIMATED QUANTITY | 450 EA | 6.16 | 2,772.00
| NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK. |  |  |  |
| MINIMUM QTY: | 225 |  |  |
| MAXIMUM QTY: | 1,125 |  |  |

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

**OPTION PERIOD**: 10/01/10 THRU 09/30/11  
**ESTIMATED QUANTITY**  
**NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS**.  
| MINIMUM QTY: | 225 |  |  |
| MAXIMUM QTY: | 1,125 |  |  |
| Amount: $5,544.00 (Option Line Item) |  |  |  |

**Accounting Info**:  
10-PS-EXFM-4310-11179-252E  
Funded: $2,772.00  
Period of Performance: 10/01/2009 to 09/30/2010

**Accounting Info**:  
11-PS-EXFM-4310-11179-252E  
Funded: $0.00  
$5,544.00 (Subject to Availability of Funds)  
Continued ...

**TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))**  
$2,772.00

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*Optional Form 348 (Rev. 4/2006)*  
Prepared by OSA FAR (48 CFR) 10/21/06

**AUTHORIZED FOR LOCAL REPRODUCTION**  
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**ORDER FOR SUPPLIES OR SERVICES**

**SCHEDULE - CONTINUATION**

**DATE OF ORDER**: 01/13/2010

**CONTRACT NO**: CPSC-N-10-0077

**ORDER NO**: [Blank]

**ITEM NO** | **SUPPLIES/SERVICES** | **QUANTITY ORDERED** | **UNIT** | **UNIT PRICE** | **AMOUNT** | **QUANTITY ACCEPTED**
--- | --- | --- | --- | --- | --- | ---

$0.00 (Subject to Availability of Funds)

Period of Performance: 10/01/2010 to 09/30/2011

The total amount of award: $8,316.00. The obligation for this award is shown in box 17(I).