

Todd Stevenson

ORDER FOR SUPPLIES OR SERVICES

PAGE OF PAGES  
1 18

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

1 DATE OF ORDER 01/20/2010	2 CONTRACT NO (If any) CPSC-N-10-0082	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
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c CITY BETHESDA	d STATE MD	e ZIP CODE 20814
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7 TO: MS LYNNE BARNES VP OPERATIONS a NAME OF CONTRACTOR CARLE FOUNDATION HOSPITAL	f SHIP VIA
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b COMPANY NAME	8. TYPE OF ORDER <input checked="" type="checkbox"/> a PURCHASE <input type="checkbox"/> b DELIVERY
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c STREET ADDRESS HEALTH INFORMATION MANAGEMENT 611 WEST PARK STREET	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.	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.
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d CITY URBANA	e STATE IL	f ZIP CODE 61801
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9 ACCOUNTING AND APPROPRIATION DATA 10 PS EXFM 4310 11179 252E	10 REQUISITIONING OFFICE CONSUMER PRODUCT SAFETY COMMISSION
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11 BUSINESS CLASSIFICATION (Check appropriate box(es)) <input type="checkbox"/> a SMALL <input type="checkbox"/> b OTHER THAN SMALL <input type="checkbox"/> c DISADVANTAGED <input type="checkbox"/> d WOMEN-OWNED <input type="checkbox"/> e HUBZone <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) 09/30/2010	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#: 8C203018 BASIC CONTRACT: 10/01/09 THRU 09/30/10  This contract is being incrementally funded in the amount of \$8,611.66 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 SEE BILLING INSTRUCTIONS ON REVERSE	CONSUMER PRODUCT SAFETY COMMISSION		\$8,611.66
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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IMPORTANT: Mark all packages and papers with contract and/or order numbers.

DATE OF ORDER

CONTRACT NO

ORDER NO.

01/20/2010

CPSC-N-10-0082

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0001	<p>October 1, 2009 through February 28, 2010. Additional funds will be provide, 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</p> <p>ESTIMATED QUANTITY                      NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</p> <p>MINIMUM QTY: 2,500                      MAXIMUM QTY: 12,500</p> <p>Period of Performance: 10/01/2009 to 09/30/2010</p>	4167	EA	1.95	8,125.65	
0002	<p>ESTIMATED QUANTITY                      SUPPLEMENTAL//SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</p> <p>MINIMUM QTY: 220                      MAXIMUM QTY: 2,200</p> <p>Period of Performance: 10/01/2009 to 09/30/2010</p> <p>The total amount of award: \$8,611.66. The obligation for this award is shown in box 17(i).</p>	917	EA	0.53	486.01	

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

\$8,611.66