

OS

ORDER FOR SUPPLIES OR SERVICES

PAGE OF PAGES
1 20

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

1 DATE OF ORDER 01/21/2010	2 CONTRACT NO (If any) CPSC-N-10-0091	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 ANGIE HAMMONS ER DIRECTOR	f. SHIP VIA
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a. NAME OF CONTRACTOR SUTTER SOLANO MEDICAL CENTER	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 300 HOSPITAL DRIVE	REFERENCE YOUR:	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 VALLEJO	e. STATE CA	

f. ZIP CODE 94589	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.
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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"/> d. WOMEN-OWNED <input checked="" type="checkbox"/> b. OTHER THAN SMALL <input type="checkbox"/> e. HUBZone <input type="checkbox"/> c. DISADVANTAGED <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) Multiple	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] BASIC CONTRACT: 10/01/09 THRU 09/30/10 HOSPITAL ID# 3S362055 This contract is being incrementally funded in the amount of \$3,208.70 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			\$3,208.70
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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DATE OF ORDER 01/21/2010	CONTRACT NO. CPSC-N-10-0091	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 February 28, 2010. Additional funding 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					
0001	ESTIMATED QUANTITY ACCESS ONLY TO NEISS SURVEILLANCE REPORTS, SPECIAL SURVEY REPORTS AND SUPPLEMENTAL/SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK. MINIMUM QTY: 1,750 MAXIMUM QTY: 8,750	2917	EA	1.10	3,208.70	
0002	Period of Performance: 10/01/2009 to 09/30/2010 OPTION PERIOD: 10/01/10 THRU 09/30/11 ESTIMATED QUANTITY ACCESS ONLY TO NEISS SURVEILLANCE REPORTS, SPECIAL SURVEY REPORTS AND SUPPLEMENTAL/SPECIAL STUDY REPORTS. MINIMUM QTY: 1,750 MAXIMUM QTY: 8,750 Amount: \$7,700.00 (Option Line Item) 10/01/2010 Accounting Info: 11-PS-EXFM-4310-11179-252E \$7,700.00 (Subject to Availability of Funds) Period of Performance: 10/01/2010 to 09/30/2011 Continued ...	7000	EA	1.10	0.00	

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

\$3,208.70

**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 01/21/2010	CONTRACT NO CPSC-N-10-0091	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)
	The total amount of award: \$10,908.70. The obligation for this award is shown in box 17(i).					

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

\$0.00

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OPTIONAL FORM 348 (Rev. 4/2006)

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