

ORDER FOR SUPPLIES OR SERVICES

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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-10-0092	6. SHIP TO:	
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		b. STREET ADDRESS DIV OF HAZARD & INJURY DATA SYS 4330 EAST WEST HIGHWAY ROOM 604-26	

a. NAME OF CONSIGNEE CONSUMER PRODUCT SAFETY COMMISSION		c. CITY BETHESDA	d. STATE MD	e. ZIP CODE 20814
7 TO: JEFFERY F CARTY ASST VP FINANCE		f. SHIP VIA		

a. NAME OF CONTRACTOR WAYNESBORO HOSPITAL		8. TYPE OF ORDER		
b. COMPANY NAME		<input checked="" type="checkbox"/> a. PURCHASE <input type="checkbox"/> b. DELIVERY		
c. STREET ADDRESS 501 E MAIN ST		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.		
d. CITY WAYNESBORO	e. STATE PA	f. ZIP CODE 17268-2394		

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))				12. F.O.B. POINT Destination
<input type="checkbox"/> a. SMALL	<input checked="" type="checkbox"/> b. OTHER THAN SMALL	<input type="checkbox"/> c. DISADVANTAGED	<input type="checkbox"/> g. SERVICE-DISABLED VETERAN-OWNED	
<input type="checkbox"/> d. WOMEN-OWNED	<input type="checkbox"/> e. HUBZone	<input type="checkbox"/> f. EMERGING SMALL BUSINESS		

13. PLACE OF		14. GOVERNMENT B/L NO.	15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date) Multiple	16. DISCOUNT TERMS Net 30
a. INSPECTION Destination	b. ACCEPTANCE Destination			

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: 0711 HOSPITAL ID# 3P053055 This contract is being incrementally funded in the amount of \$11,473.32 for the period of October 1, 2009 through February 28, 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				\$11,473.32
b. STREET ADDRESS (or P.O. Box) DIVISION OF FINANCIAL SERVICES 4330 EAST WEST HWY ROOM 522				
c. CITY BETHESDA	d. STATE MD	e. ZIP CODE 20814	17(i) GRAND TOTAL	
			\$11,473.32	

22. UNITED STATES OF AMERICA BY (Signature) 	23. NAME (Typed) Doris B. Kessler TITLE: CONTRACTING/ORDERING OFFICER
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Todd S. Hensler

**ORDER FOR SUPPLIES OR SERVICES
SCHEDULE - CONTINUATION**

PAGE NO

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DATE OF ORDER
01/21/2010

CONTRACT NO.
CPSC-N-10-0092

ORDER NO

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0001	<p>2010. Additional funding will be provided, by modification, when funds become available.</p> <p>ESTIMATED QUANTITY NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</p> <p>MINIMUM QTY: 1,675 MAXIMUM QTY: 8,375</p>	2792	EA	3.96	11,056.32	
0002	<p>Period of Performance: 10/01/2009 to 09/30/2010</p> <p>ESTIMATED QUANTITY SUPPLEMENTAL//SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</p> <p>MINIMUM QTY: 100 MAXIMUM QTY: 1,000</p>	417	EA	1.00	417.00	
0003	<p>Period of Performance: 10/01/2009 to 09/30/2010</p> <p>OPTION PERIOD: 10/01/10 THRU 09/30/11</p> <p>ESTIMATED QUANTITY NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS.</p> <p>MINIMUM QTY: 1,675 MAXIMUM QTY: 8,375 Amount: \$26,532.00 (Option Line Item) 10/01/2010</p> <p>Accounting Info: 11-PS-EXFM-4310-11179-252E \$26,532.00 (Subject to Availability of Funds) Continued ...</p>	6700	EA	3.96	0.00	

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

\$11,473.32

**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-10-0092	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)
0004	<p>Period of Performance: 10/01/2010 to 09/30/2011</p> <p>ESTIMATED QUANTITY SUPPLEMENTAL/SPECIAL STUDY REPORTS.</p> <p>MINIMUM QTY: 100 MAXIMUM QTY: 1,000 Amount: \$1,000.00 (Option Line Item) 10/01/2010</p> <p>Accounting Info: 11-PS-EXFM-4310-11179-252E \$1,000.00 (Subject to Availability of Funds) Period of Performance: 10/01/2010 to 09/30/2011</p> <p>The total amount of award: \$39,005.32. The obligation for this award is shown in box 17(i).</p>	1000	EA	1.00	0.00	

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

\$0.00