ORDER FOR SUPPLIES OR SERVICES

I. PAGE ORDER FOR SUPPLIES OR SERVICES

6. SHIP TO

a. NAME OF CONSIGNEE

CONSUMER PRODUCT SAFETY COMMISSION

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

7. TO

a. NAME OF CONTRACTOR

ANNETTE VELA-SOLIZ

b. COMPANY NAME

c. STREET ADDRESS

78414

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

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

12. FOB POINT

Destination

13. PLACE OF

a. INSPECTION

Destination

b. ACCEPTANCE

Destination

14. GOVERNMENT BILL NO.

15. DELIVER TO FOB POINT ON OR BEFORE (Date)

Multiple

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>
</tr>
</thead>
<tbody>
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</tbody>
</table>

DUNS Number: 7T081042

PERIOD OF PERFORMANCE: 10/01/09 THRU 09/30/10

HOSPITAL ID# 7T081042

This contract is being incrementally funded
Continued ...

18. SHIPPING POINT

19. GROSS SHIPPING WEIGHT

20. INVOICE NO.

17(h) TOTAL (Cont pages)

$5,007.23

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

17(i) GRAND TOTAL

$5,007.23

22. UNITED STATES OF AMERICA BY (Signature)

Doris B. Kessler

TITLE: CONTRACTING/ORDERING OFFICER

AUTHORIZED FOR LOCAL REPRODUCTION
PREVIOUS EDITION NOT USABLE
**ORDER FOR SUPPLIES OR SERVICES**  
**SCHEDULE - CONTINUATION**

**DATE OF ORDER:** 01/26/2010  
**CONTRACT NO.:** CPSC-N-10-0098  
**ORDER NO.:**  

**ITEM NO.** | **SUPPLIES/SERVICES** | **QUANTITY ORDERED** | **UNIT** | **UNIT PRICE** | **AMOUNT** | **QUANTITY ACCEPTED**  
--- | --- | --- | --- | --- | --- | ---  
0001 | in the amount of $5,007.23 for the period 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  
**ESTIMATED QUANTITY** | 2917 EA | 1.69 | 4,929.73 |  
0002 | NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.  
**MINIMUM QTY:** 1,750  
**MAXIMUM QTY:** 8,750  
**Period of Performance:** 10/01/2009 to 09/30/2010  
**ESTIMATED QUANTITY** | 125 EA | 0.62 | 77.50 |  
0003 | NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS.  
**MINIMUM QTY:** 1,750  
**MAXIMUM QTY:** 8,750  
**Period of Performance:** 10/01/2009 to 09/30/2010  
**OPTION PERIOD:** 10/01/10 THRU 09/30/11  
**ESTIMATED QUANTITY** | 7000 EA | 1.69 | 0.00 |  

**TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))**  
$5,007.23  

**AUTHORIZED FOR LOCAL REPRODUCTION**

OPTIONAL FORM 344 (Rev. 4/2006)  
PREVIOUS EDITION NOT USABLE

Prescribed by GSA FAR (48 CFR 53.213(1))
## ORDER FOR SUPPLIES OR SERVICES

**SCHEDULE - CONTINUATION**

**DATE OF ORDER**: 01/26/2010  
**CONTRACT NO.**: CPSC-N-10-0098  
**ORDER NO.**:  

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<tbody>
<tr>
<td>0004</td>
<td>ESTIMATED QUANTITY</td>
<td>300 EA</td>
<td>0.62</td>
<td>0.00</td>
<td></td>
</tr>
</tbody>
</table>

**SUPPLEMENTAL/SPECIAL STUDY REPORTS.**

**MINIMUM QTY:** 30  
**MAXIMUM QTY:** 300  
**Amount:** $186.00 (Option Line Item)

**Accounting Info:**  
11-PS-EXFM-4310-11179-252E  
$186.00 (Subject to Availability of Funds)  
Period of Performance: 10/01/2010 to 09/30/2011

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Additional information:

- **Amount:** $11,830.00 (Option Line Item)  
  10/01/2010  
  **Accounting Info:**  
  11-PS-EXFM-4310-11179-2523  
  $11,830.00 (Subject to Availability of Funds)  
  Period of Performance: 10/01/2010 to 09/30/2011

- The total amount of award: $17,023.23. The obligation for this award is shown in box 17(i).

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*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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Prepared by GSA FAR (48 CFR) 53.213(f)