**ORDER FOR SUPPLIES OR SERVICES**

1. **DATE OF ORDER:** 03/06/2010

2. **CONTRACT NO.** (If any) CPSC-N-10-0103

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

6. **SHIP TO:**
   CONSUMER PRODUCT SAFETY COMMISSION
   DIV OF HAZARD & INJURY DATA SYS
   4330 EAST WEST HWY
   ROOM 604-26
   BETHESDA
   MD
   20814

7. **TO ROBERT ELLIS DIRECTOR OF NURSING**

8. **NAME OF CONTRACTOR:** 0 W McMillan Memorial Hospital

9. **COMPANY NAME:**

10. **STREET ADDRESS:** 1301 BELLEVILLE AVENUE
    PO 908

11. **CITY:** BREWTON
    **STATE:** AL
    **ZIP CODE:** 36427-0908

12. **ACCOUNTING AND APPROPRIATION DATA**

13. **BUSINESS CLASSIFICATION**
    (Check appropriate box(es))
    a. SMALL
    b. OTHER THAN SMALL
    c. DISADVANTAGED
    d. WOMEN-OWNED
    e. HUBZone
    f. EMERGING SMALL BUSINESS
    g. SERVICE-DISABLED VETERAN-OWNED

14. **PLACE OF DESTINATION**

15. **GOVERNMENT BL NO.**

16. **F.O.B. POINT**

17. **DISCOUNT TERMS**

18. **SCHEDULE**

<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>
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<tbody>
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<td>HOSPITAL ID: 6A503042</td>
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Continued...

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
   c. **CITY:** BETHESDA
   d. **STATE:** MD
   e. **ZIP CODE:** 20814

22. **UNITED STATES OF AMERICA**

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

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Previous Edition Not Usable

Optional Form 347 (Rev 4/2008)
Prepared by GSA/FAR 48 CFR 53 213(e)
IMPORTANT: Mark all packages and papers with contract and/or order numbers.

DATE OF ORDER: 03/06/2010
CONTRACT NO.: CPSC-N-10-0103
ORDER NO.: 

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SUPPLIES/SERVICES</th>
<th>QUANTITY ORDERED</th>
<th>UNIT</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
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<tr>
<td>0001</td>
<td>ESTIMATED QUANTITY</td>
<td>NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</td>
<td>1500</td>
<td>EA</td>
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<td>Funded:</td>
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<td>Period of Performance:</td>
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<tr>
<td>Funded:</td>
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TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H)) $8,154.00
## Order for Supplies or Services

### Schedule - Continuation

**Date of Order:** 03/06/2010  
**Contract No.:** CPSC-N-10-0103  
**Order No.:**

<table>
<thead>
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<th>Item No.</th>
<th>Supplies/Services</th>
<th>Quantity Ordered</th>
<th>Unit</th>
<th>Unit Price</th>
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<th>Quantity Accepted</th>
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**MINIMUM QTY:** 375  
**MAXIMUM QTY:** 1,875  
**Amount:** $7,890.00 (Option Line Item)  
**10/01/2010**

Accounting Info:
0100A11DPS-2011-1117900000-EXFM004310-252E0  
Funded: $0.00  
$7,890.00 (Subject to Availability of Funds)  
$0.00 (Subject to Availability of Funds)  
Period of Performance: 10/01/2010 to 09/30/2011

**MINIMUM QTY:** 20  
**MAXIMUM QTY:** 200  
**Amount:** $264.00 (Option Line Item)  
**10/01/2010**

Accounting Info:
0100A11DPS-2011-1117900000-EXFM004310-252E0  
Funded: $0.00  
$264.00 (Subject to Availability of Funds)  
$0.00 (Subject to Availability of Funds)  
Period of Performance: 10/01/2010 to 09/30/2011

The total amount of award: $16,308.00. The obligation for this award is shown in box 17(i).