ORDER FOR SUPPLIES OR SERVICES

1. DATE OF ORDER 03/05/2010

2. CONTRACT NO. CPSC-N-110-0114

3. ORDER NO. 03

4. REQUISITION/REFERENCE NO. CPSC-N-110-0114

5. ISSUING OFFICE CONSUMER PRODUCT SAFETY COMMISSION
DIV OF PROCUREMENT SERVICES
4330 EAST WEST HWY
ROOM 517
BETHESDA MD 20814

7. TO DICK STOVALL CFO

a. NAME OF CONTRACTOR
SOUTHERN REGIONAL MEDICAL CENTER

b. STREET ADDRESS
11 UPPER RIVERDALE ROAD SW

6. SHIP TO
a. NAME OF CONSIGNEE
CONSUMER PRODUCT SAFETY COMMISSION

b. STREET ADDRESS
DIV OF HAZARD & INJURY DATA SYS
ROOM 604-26

8. TYPE OF ORDER
X a. PURCHASE

b. DELIVERY

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.

10. REQUISITIONING OFFICE CONSUMER PRODUCT SAFETY COMMISSION

11. BUSINESS CLASSIFICATION (Check appropriate box(es))

☐ a. SMALL ☒ b. OTHER THAN SMALL

☐ c. DISADVANTAGED ☐ d. SERVICE-DISABLED VETERAN-OWNED

☐ e. WOMEN-OWNED ☐ f. EMERGING SMALL BUSINESS

12. F.O.B. POINT Destination

13. PLACE OF DESTINATION
a. INSPECTION

b. ACCEPTANCE

14. GOVERNMENT B/L NO.

15. DELIVER TO F.O.B. POINT
ON OR BEFORE (Date)

16. DISCOUNT TERMS
Net 30

ITEM NO. 0001

SUPPLIES OR SERVICES DUNS Number:
HOSPITAL ID# 6A652034
BASIC CONTRACT: 10/01/09 THRU 09/30/10

ESTIMATED QUANTITY 18000
ACCESS ONLY TO NEISS SURVEILLANCE REPORTS, Continued ...

UNIT PRICE 0.63

AMOUNT 11,340.00

QUANTITY ACCEPTED

18. SHIPPING POINT

19. GROSS SHIPPING WEIGHT

20. INVOICE NO.

21. MAIL INVOICE TO

22. UNITED STATES OF AMERICA BY (Signature)

23. NAME (Typed)

AUTHORIZED FOR LOCAL REPRODUCTION
PREVIOUS EDITION NOT USABLE

OPTIONS FORM 347 (Rev 4/0000)
Prepared by GSA/FAR 48 CFR 53.212(b)

IHR

Net 30

DISCOUNT TERMS

TOTAL (Cont. pages)

$0.00

$11,340.00

GRAND TOTAL

17(h)

17(d)
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<th>UNIT</th>
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