

ORDER FOR SUPPLIES OR SERVICES

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

1. DATE OF ORDER 07/28/2009		2. CONTRACT NO. (If any) CPSC-N-09-0011		6. SHIP TO:	
3. ORDER NO.		4. REQUISITION/REFERENCE NO.		a. NAME OF CONSIGNEE CONSUMER PRODUCT SAFETY COMMISSION	
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	
7. TO: SHERRY BROWN		c. CITY BETHESDA		d. STATE MD	e. ZIP CODE 20814
a. NAME OF CONTRACTOR SHERRY BROWN		f. SHIP VIA			
b. COMPANY NAME		8. TYPE OF ORDER			
c. STREET ADDRESS [REDACTED]		<input checked="" type="checkbox"/> a. PURCHASE REFERENCE YOUR:		<input type="checkbox"/> b. DELIVERY	
d. CITY TYLERTOWN		e. STATE MS		f. ZIP CODE 29667	
9. ACCOUNTING AND APPROPRIATION DATA 09-PS-EXFM-4310-11179-252E				10. REQUISITIONING OFFICE CONSUMER PRODUCT SAFETY COMMISSION	
11. BUSINESS CLASSIFICATION (Check appropriate box(es))				12. F.O.B. POINT Destination	
<input checked="" type="checkbox"/> a. SMALL <input type="checkbox"/> b. OTHER THAN SMALL <input type="checkbox"/> c. DISADVANTAGED <input type="checkbox"/> g. SERVICE-DISABLED VETERAN-OWNED <input checked="" 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) 09/30/2009	
a. INSPECTION Destination	b. ACCEPTANCE Destination			16. DISCOUNT TERMS Net 30	

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] HOSPITAL ID# 3A102055 BASIC CONTRACT: 08/01/09 THRU 09/30/09 Continued ...					

18. SHIPPING POINT		19. GROSS SHIPPING WEIGHT		20. INVOICE NO.		17(h) TOTAL (Cont. pages)
21. MAIL INVOICE TO:						
SEE BILLING INSTRUCTIONS ON REVERSE	a. NAME		CONSUMER PRODUCT SAFETY COMMISSION		\$491.19	
	b. STREET ADDRESS (or P.O. Box)		DIVISION OF FINANCIAL SERVICES 4330 EAST WEST HWY ROOM 522		\$491.19	
	c. CITY	d. STATE	e. ZIP CODE			
BETHESDA		MD		20814		17(i) GRAND TOTAL

22. UNITED STATES OF AMERICA BY (Signature)

Doris B. Kessler

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

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

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DATE OF ORDER	CONTRACT NO.	ORDER NO.				
ITEM NO.	SUPPLIES/SERVICES	QUANTITY ORDERED	UNIT	UNIT PRICE	AMOUNT	QUANTITY ACCEPTED
(a)	(b)	(c)	(d)	(e)	(f)	(g)
0001	Admin Office: CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814 Period of Performance: 10/01/2008 to 09/30/2009 ESTIMATED QUANTITY NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK. MINIMUM QTY: 30 MAXIMUM QTY: 150 Period of Performance: 08/01/2000 to 09/30/2009	120	EA	2.16	259.20	
0002	ESTIMATED QUANTITY SUPPLEMENTAL/SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK. MINIMUM QTY: 3 MAXIMUM QTY: 25 Period of Performance: 08/01/2009 to 09/30/2009	25	EA	0.55	13.75	
0003	REIMBURSEMENT FOR TRAINING. 16/HRS. @ \$13.64/HR = \$218.24 Period of Performance: 08/01/2009 to 09/30/2009 The total amount of award: \$491.19. The obligation for this award is shown in box 17(i).	1	LT	218.24	218.24	

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

\$491.19