

Todd Stevenson

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 01/20/2010	2 CONTRACT NO. (if any) CPSC-N-10-0088	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	b. STREET ADDRESS DIV OF HAZARD & INJURY DATA SYS 4330 EAST WEST HIGHWAY ROOM 604-26	c. CITY BETHESDA	d. STATE MD	e. ZIP CODE 20814
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7 TO CATHY BANNISTER NURSE MGR	f. SHIP VIA
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a. NAME OF CONTRACTOR NORTHEAST ALABAMA REGIONAL MED CTR	8. TYPE OF ORDER <input checked="" type="checkbox"/> a. PURCHASE 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		<input type="checkbox"/> 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.
b. COMPANY NAME			
c. STREET ADDRESS 400 EAST 10TH STREET			
d CITY ANNISTON	e. STATE AL	f. ZIP CODE 36202-6263	

9. ACCOUNTING AND APPROPRIATION DATA See Schedule	10. REQUISITIONING OFFICE CONSUMER PRODUCT SAFETY COMMISSION
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11 BUSINESS CLASSIFICATION (Check appropriate box(es)) <input type="checkbox"/> a SMALL <input checked="" type="checkbox"/> b. OTHER THAN SMALL <input type="checkbox"/> c. DISADVANTAGED <input type="checkbox"/> d WOMEN-OWNED <input type="checkbox"/> e. HUBZone <input type="checkbox"/> f. EMERGING SMALL BUSINESS	<input type="checkbox"/> g. SERVICE-DISABLED VETERAN-OWNED	12. F.O.B. POINT Destination
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13 PLACE OF a. INSPECTION Destination	b. ACCEPTANCE Destination	14. GOVERNMENT B/L NO.	15. DELIVER TO F.O.B POINT ON OR BEFORE (Date) Multiple	16. DISCOUNT TERMS Net 30
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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#: 6A802016 BASIC CONTRACT: 10/01/09 THRU 09/30/10  This contract is being incrementally funded in the amount of \$2,093.00 for the period 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			
b. STREET ADDRESS (or P.O. Box) DIVISION OF FINANCIAL SERVICES 4330 EAST WEST HWY ROOM 522		\$2,093.00	17(i) GRAND TOTAL
c CITY BETHESDA	d STATE MD	e. ZIP CODE 20814	

22. UNITED STATES OF AMERICA BY (Signature) 	23. NAME (Typed) Doris B. Kessler TITLE: CONTRACTING/ORDERING OFFICER
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**ORDER FOR SUPPLIES OR SERVICES  
SCHEDULE - CONTINUATION**

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DATE OF ORDER 01/20/2010	CONTRACT NO CPSC-N-10-0088	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)
0001	<p>October 1, 2009 through March 31, 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</p> <p>ESTIMATED QUANTITY ACCESS ONLY TO NEISS SURVEILLANCE REPORTS, SPECIAL SURVEY REPORTS AND SUPPLEMENTAL/SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</p> <p>MINIMUM QTY: 1,150 MAXIMUM QTY: 5,750</p> <p>Accounting Info: 10-PS-EXFM-4310-11179-252E Funded: \$2,093.00 Period of Performance: 10/01/2009 to 09/30/2010</p>	2300	EA	0.91	2,093.00	
0002	<p>OPTION PERIOD: 10/01/10 THRU 09/30/11</p> <p>ESTIMATED QUANTITY ACCESS ONLY TO NEISS SURVEILLANCE REPORTS, SPECIAL SURVEY REPORTS AND SUPPLEMENTAL/SPECIAL STUDY REPORTS.</p> <p>MINIMUM QTY: 1,150 MAXIMUM QTY: 5,750 Amount: \$4,186.00 (Option Line Item) 10/01/2010</p> <p>Accounting Info: 11-PS-EXFM-4310-11179-252E Funded: \$0.00 \$4,186.00 (Subject to Availability of Funds) Continued ...</p>	4600	EA	0.91	0.00	

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

\$2,093.00

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

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

DATE OF ORDER  
01/20/2010

CONTRACT NO.  
CPSC-N-10-0088

ORDER NO.

ITEM NO (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>\$0.00 (Subject to Availability of Funds) Period of Performance: 10/01/2010 to 09/30/2011</p> <p>The total amount of award: \$6,279.00. The obligation for this award is shown in box 17(i).</p>					

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

\$0.00