

# 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 10/27/2009		2. CONTRACT NO. (If any) DTMA8C05001		6. SHIP TO: No Contacts Identified	
3. ORDER NO. MTL01S10004		4. REQUISITION/REFERENCE NO. PRSAR100032		a. NAME OF CONSIGNEE DOT/Maritime Administration, Atlantic Division	
5. ISSUING OFFICE (Address correspondence to)  DOT/Maritime Administration, MAR-380 400 Seventh Street, SW., Room 7310  Washington DC 20590				b. STREET ADDRESS CAPE DOMINGO	
				c. CITY	e. ZIP CODE
7. TO: a. NAME OF CONTRACTOR				f. SHIP VIA	
b. COMPANY NAME MARINE TRANSPORT LINES, INC.				8. TYPE OF ORDER	
c. STREET ADDRESS 2075 THOMPSON AVE				<input 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.	
d. CITY NORTH CHARLESTON		e. STATE SC	f. ZIP CODE 29405-2415	<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.	
9. ACCOUNTING AND APPROPRIATION DATA 2010 - - X4303 - RRF 917 - 40 - DMG0 - 0 - 0000 - 000000 - 70 - 106117 - 40 - DMG0 - 25418 - 6100 - 6600 -				10. REQUISITIONING OFFICE DOT/Maritime Administration, Atlantic Division	
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"/> g. SERVICE-DISABLED VETERAN-OWNED <input type="checkbox"/> d. WOMEN-OWNED <input type="checkbox"/> e. HUBZone <input type="checkbox"/> f. EMERGING SMALL BUSINESS					12. F.O.B. POINT Destination
13. PLACE OF a. INSPECTION		14. GOVERNMENT B/L NO.		15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date)	
b. ACCEPTANCE				16. DISCOUNT TERMS	

## 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)
	SEE LINE ITEM DETAIL						
SEE BILLING INSTRUCTIONS ON REVERSE	18. SHIPPING POINT	19. GROSS SHIPPING WEIGHT	20. INVOICE NO.				17(h) TOT. (Cont. pages)
	21. MAIL INVOICE TO: Gloria Fullerton						
	a. NAME DOT/Maritime Administration, Atlantic Division						
	b. STREET ADDRESS (or P.O. Box) 7737 Hampton Blvd., Bldg. 19, Suite 300			\$338,662.85		17(i) GRAND TOTAL	
	c. CITY Norfolk	d. STATE VA	e. ZIP CODE 23505				

22. UNITED STATES OF AMERICA BY (Signature)

*Laurel Bishop*

23. NAME (Typed)  
Laurel Bishop  
TITLE: CONTRACTING/ORDERING OFFICER

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## RECEIVING REPORT

SHIPMENT	PARTIAL		DATE RECEIVED	SIGNATURE OF AUTHORIZED U.S. GOV'T REP.	DATE
NUMBER	FINAL				
TOTAL CONTAINERS	GROSS WEIGHT		RECEIVED AT	TITLE	

[illegible]

ORDER FOR SUPPLIES OR SERVICES  
SCHEDULE - CONTINUATION

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DATE OF ORDER 10/27/2009	CONTRACT NO. DTMA8C05001	ORDER NO. MTL01S10004
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ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0001	CLIN 0506AA CAPE DOMINGO FY-10 M&R SM FIXED FEES  THIS IS A CONFIRMING ORDER. NS-5 Project No. MTL-DMG10-1002A  The purpose of this project is to provide for maintenance phase fixed fees for the period indicated.  <div>Start Date      End Date 10/01/2009      11/30/2009</div> Reference Requisition: PRSAR100032	61.00	DAY	5,551.850	338,662.85	

**TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17i)** ➡ \$338,662.85