

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 09/13/2007	2. CONTRACT NO. (if any) GS07F5965P	6. SHIP TO:			
3. ORDER NO. HSBP1107F18402		4. REQUISITION/REFERENCE NO. 0020031307		a. NAME OF CONSIGNEE See Attached Delivery Schedule	
5. ISSUING OFFICE (Address correspondence to) CBP, Purchase Card & Programs Br ATTN: ANNA DUNCAN / (b) (6) Intech Two, Suite 100 6650 Telecom Drive Indianapolis IN 46278				b. STREET ADDRESS	
		c. CITY		d. STATE	e. ZIP CODE
7. TO:				f. SHIP VIA	
a. NAME OF CONTRACTOR ATLANTIC DIVING SUPPLY INC		8. TYPE OF ORDER			
b. COMPANY NAME		<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.			
c. STREET ADDRESS 1439 N GREAT NECK RD #202 D/B/A ADS		<input checked="" 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.			
d. CITY VIRGINIA BEACH		e. STATE VA	f. ZIP CODE 23454-1316		
9. ACCOUNTING AND APPROPRIATION DATA					
CONTRACTOR TIN: (b) (4)					
12. F.O.B. POINT Destination		10. REQUISITIONING OFFICE (b) (6)			
13. PLACE OF		11. BUSINESS CLASSIFICATION (Check appropriate box(es))			
a. INSPECTION	b. ACCEPTANCE	<input checked="" type="checkbox"/> a. SMALL <input 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			
14. GOVERNMENT B/L NO.		15. DELIVER TO F.O.B POINT ON OR BEFORE (Date) 10/31/2007		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)	QTY Acpt (g)
00010	OC CHEMICAL MACE Spray Holder	(b) (4)	EA	(b) (4)	\$11,765.76	

SEE BILLING INSTRUCTIONS ON REVERSE	18. SHIPPING POINT	19. GROSS SHIPPING WEIGHT	20. INVOICE NO.		\$0.00	17(h) TOT. (Cont. pages)	
	21. MAIL INVOICE TO:						
	a. NAME DHS - Customs & Border Protection		National Finance Center			\$11,765.76	17(i) GRAND TOTAL
	b. STREET ADDRESS (or P.O. Box) P.O. Box 68908						
c. CITY Indianapolis		d. STATE IN	e. ZIP CODE 46268				

22. UNITED STATES OF AMERICA BY (Signature) (b) (6)	23. NAME (Typed) Anna B. Duncan TITLE: CONTRACTING/ORDERING OFFICER
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DATE OF ORDER 09/13/2007	CONTRACT NO. (if any) GS07F5965P	ORDER NO. HSBP1107F18402	PAGE OF PAGES 2 2
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Federal Tax Exempt ID: 72-0408780

NOTES:

ITEMS AND PRICES, DELIVERY SCHEDULE AND ACCOUNTING DATA
FOR
DELIVERY ORDER: HSBP1107F18402

SCHEDULE OF SUPPLIES/SERVICES

Item Number:	00010	Line Item (Priced/Information/Option):	P	
Supplies/Services:	OC CHEMICAL MACE Spray Holder			
	Qty	Unit	Unit Price	Ext. Price
	(b) (4)	EA	(b) (4)	\$11,765.7600
Total Funded Contract Value:				<u>\$11,765.76</u>

ACCOUNTING AND APPROPRIATION INFORMATION

Item: 00010 6100.2671USCSGLCS0901860000Z00007400HQ01
150332671 **Amount** \$11,765.7600

DELIVERY SCHEDULE

Deliver To: Customs and Border Protection

(b) (7)(E)

Instructions: Item	Quantity	Delivery Date	Recipient	Unloading PT.
00010 Room 201	(b) (4)	08/31/2007	(b) (6)	Bldg 63
