

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 11/13/2008		2. CONTRACT NO. (If any) HSCG23-06-D-ARB001		6. SHIP TO:	
3. ORDER NO. HSCG23-07-J-ARP169		4. REQUISITION/REFERENCE NO. 2407237ARP169		a. NAME OF CONSIGNEE RB-M PROJECT RESIDENT OFFICE	
5. ISSUING OFFICE (Address correspondence to) ADMINISTRATIVE CONTRACTING OFFICE 1600 ELY STREET, MARINETTE, WI 54143				b. STREET ADDRESS 7848 SOUTH 202ND STREET	
7a. NAME OF CONTRACTOR Marinette Marine Corporation		c. CITY KENT		d. STATE WA	e. ZIP CODE 98032
b. COMPANY NAME		f. SHIP VIA		8. TYPE OF ORDER	
c. STREET ADDRESS 1600 Ely Street		[] a. PURCHASE REF YOUR: _____		[X] 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 Marinette	e. STATE WI	f. ZIP CODE 54143	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.		
9. ACCOUNTING AND APPROPRIATION DATA 2A1N 028000110406/72209/2696/TA2PROADM/DEF.TASK			10. REQUISITIONING OFFICE USCG HEADQUARTERS CG-9		
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					
12. F.O.B. POINT Destination		14. GOVERNMENT B/L NO.		15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date)	
13. PLACE OF				16. DISCOUNT TERMS Net 30	
a. INSPECTION Destination	b. ACCEPTANCE Destination				

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)
1	This Delivery Order, under IDIQ Contract HSCG23-06-D-ARB001, is issued to definitize Request for Equitable Adjustment (REA-012) entitled, "Keel Laying Ceremony" as set forth in Modification A00023. Firm Fixed Price CLIN 1010 DO HSCG23-08-J-ARP215 was issued for \$40,339 DO HSCG23-07-J-ARP190 was issued for \$120,000 DO HSCG23-08-J-ARP133 was issued for \$120,000 DO HSCG23-07-J-ARP169 is issued for \$12,625 Total CLIN 1010 value is \$292,964	1			\$12,625	
SEE BILLING INSTRUCTIONS ON REVERSE	18. SHIPPING POINT		19. GROSS SHIPPING WEIGHT		20. INVOICE NO.	
	21. MAIL INVOICE TO:					17(h) (Cont. pages)
	a. NAME					
	b. STREET ADDRESS (or P.O. Box) See Basic Contract					17(i) GRAND TOTAL
c. CITY		d. STATE	e. ZIP CODE			
					\$12,625	

22. UNITED STATES OF AMERICA BY (Signature)

23. NAME (Typed)
GAIL S. THOMAS
CONTRACTING OFFICER