

Doc#		L U F S D o c #	R C R A	P r o p e r t y	C / C	P O	O t h e r	P r o j e c t	DTO	CASREP NO.	CMPLUS Order Number	Vendor	ITEMS	Amount	RDD
21-08-8566GD	084	GD112		X				ODV	ODV			SOUTHWEST POOL	POOL PASSES	\$400.00	07-Dec-07
21-06-8566GD	222	GD213		X				ODV	ODV			UNDERWATER SPORTS	DIVE GEAR	\$542.47	15-Feb-08
21-06-8566GD	352	GD030		X				ODV	ODV			BAUER N.W.	TUBING	\$244.00	20-Mar-08
21-06-8566GD	353	GD377		X				ODV	ODV			UNDERWATER SPORTS	DIVE GEAR	\$1,460.00	20-Apr-08
21-06-8566GD	361	GD368		X				ODV	ODV			SEATTLE FLUID SYSTEMS	VALVE	\$78.30	20-Mar-08
21-06-8566GD	532	GD514		X				ODV	ODV			FIRE KING OF SEATTLE	HYDRO TEST TANKS K BOTTLES	\$210.00	19-Jun-08

FY06

DEPARTMENT OF TRANSPORTATION PROCUREMENT REQUEST PROCESS RAPIDLY				PROCUREMENT REQUEST NO. <u>21-06-9576691064</u>									
1. NAME, PHONE NUMBER, AND ROUTING SYMBOL OF PERSON TO CONTACT JESSICA NOEL, LTJG Dive Officer				DATE RECEIVED 29 Nov05									
3. ORIGINATING OFFICE DATA Supply Office, HEALY				2. TYPE OF REQUEST (Check one) A <input checked="" type="checkbox"/> NEW REQUEST B <input type="checkbox"/> CHANGE TO PENDING PR NO. _____ C <input type="checkbox"/> MODIFICATION TO CONTRACT OR ORDER NO. _____									
4. ADDITIONAL INFORMATION (Suggested supply sources, security data, etc.) Southwest Pool 2801 SW Thistle St. Seattle, WA 98126 206-684-7440 206-684-7440				8. CONSIGNEE AND DESTINATION COMMANDING OFFICER USCGC HEALY (WAGB-20) 14 SO. MASSACHUSETTS ST SEATTLE, WA 98134									
5. APPROVALS													
APPROVING OFFICIALS		ROUTING SYMBOL	DATE	INTERNAL ROUTING									
(A)		(B)	(C)	INITIALS (D)	ROUTING SYMBOL (E)								
(1) AUTHORIZED REQUISITIONER ? Jessica E. Noel <i>JEN</i>		Dive O	29 Nov										
(2) ACCOUNTING CERTIFICATION OFFICER <i>[Redacted]</i>			<i>12/7/05</i>										
(3)													
(4)													
7. DATE(S) REQUIRED <u>4 JAN 2006</u>													
8. GOVERNMENT FURNISHED PROPERTY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "YES" see par. 8 of Instructions on page 2.)													
9. DESCRIPTION OF ITEMS OR SERVICES													
ITEM NO. (A)	ITEM OR SERVICE (Include Specifications and Special Instructions) (B)	QTY (C)	UNIT (D)	ESTIMATED COST									
				UNIT (E)	AMOUNT (F)								
1	Pool passes for dive team: 7 people for 4 months (524.00 x 24 passes) @ 480.00 Passes were purchased for and made available to the USCGC Healy for the purpose of training.	01	AT	480.00	4480.00								
		FUNDS AVAILABLE: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>											
		POC: <i>[Redacted]</i>											
		FOB: DEST <input checked="" type="checkbox"/> ORG _____											
		ORDERED DATE <u>11/5/05</u> SHIP DATE _____											
		ORDERED BY <u>SKF</u> Visa: <u>0230</u>											
		TOTAL PRICE <u>\$400.00</u>											
		AGENCY INVENTORIES											
		EXCESS FROM OTHER AGENCIES											
		F.P.I. (UNICOR)											
		BLIND/SEVERELY HANDICAPPED											
		GSA OR OTHER I.C.P.											
		MAND /OPT SCHED NO _____											
		COMMERCIAL SOURCES											
		ENTERED INTO LIFS BY: <u>SKF</u> ON <u>11/5/05</u>											
10. ACCOUNTING DATA													
SYSTEMS DATA		CHECK APPLICABLE QUARTER											
		1ST	2ND	3RD	4TH								
		TOTAL <u>\$480.00</u>											
AGY	ID	APPN CODE	LIM CODE	AFC CODE	ALC	PROGRAM ELEMENT	COST CENTER	OBJECT CLASS	DOCUMENT NUMBER			PROJECT	ACCOUNTING AMOUNT
									TYPE	FY	P.R. NUMBER		
2		602	13	20	0	92	1402	25	21	06	9576691064	00	
2					0				21				
2					0				21				

FORM DOT F 4200.1.2CG (Rev. 2-94)
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SIGNATURE _____
 DATE RECEIVED _____

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 COMDTINST M4500.5A
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6.7c

DEPARTMENT OF TRANSPORTATION PROCUREMENT REQUEST PROCESS RAPIDLY				PROCUREMENT REQUEST NO. <u>1-06-0566 (1) 222</u>									
1. NAME, PHONE NUMBER, AND ROUTING SYMBOL OF PERSON TO CONTACT JESSICA NOEL, LTJG				DATE RECEIVED 2 Feb 2006									
3. ORIGINATING OFFICE DATA Supply Office, HEALY				2. TYPE OF REQUEST (Check one) A <input checked="" type="checkbox"/> NEW REQUEST B <input type="checkbox"/> CHANGE TO PENDING PR NO. _____ C <input type="checkbox"/> MODIFICATION TO CONTRACT OR ORDER NO. _____									
4. ADDITIONAL INFORMATION (Suggested supply sources, security data, etc.) Underwater Sports 206-362-3310 Attn: _____				6. CONSIGNEE AND DESTINATION <p style="font-size: 2em; text-align: center;">Will call</p>									
5. APPROVALS													
APPROVING OFFICIALS (A)	ROUTING SYMBOL (B)	DATE (C)	INTERNAL ROUTING (D, E)										
(1) AUTHORIZED REQUISITIONER ? Jessica E. Noel	ODV	2/2	INITIALS (D)	ROUTING SYMBOL (E)									
(2) ACCOUNTING CERTIFICATION OFFICER [Redacted]		X											
(3)													
(4)													
7. DATE(S) REQUIRED 2 Feb06													
8. GOVERNMENT FURNISHED PROPERTY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "YES" see par. 8 of instructions on page 2.)													
9. DESCRIPTION OF ITEMS OR SERVICES													
ITEM NO. (A)	ITEM OR SERVICE (Include Specifications and Special Instructions) (B)	QTY (C)	UNIT (D)	ESTIMATED COST									
				UNIT (E)	AMOUNT (F)								
1	See attached list FUNDS AVAIL: YES <input checked="" type="checkbox"/> NO _____ POC: _____ FOB: DEST. <input checked="" type="checkbox"/> ORG. _____ ORDERED DATE <u>2/2/06</u> SHIP DATE <u>2/2/06</u> ORDERED BY <u>[Signature]</u> Visa: <u>[Signature]</u> TOTAL PRICE <u>542.47</u> <input type="checkbox"/> AGENCY INVENTORIES \$0.00 <input type="checkbox"/> EXCESS FROM OTHER AGENCIES \$0.00 <input type="checkbox"/> F.P.I. (UNICOR) \$0.00 <input type="checkbox"/> BLIND/SEVERELY HANDICAPPED \$0.00 <input type="checkbox"/> GSA OR OTHER I.C.P. \$0.00 <input type="checkbox"/> MAND ___ /OPT ___ SCHED NO _____ \$0.00 <input checked="" type="checkbox"/> COMMERCIAL SOURCES \$0.00 ENTERED INTO LUFs BY: _____ ON <u>2/2/06</u>	1	1	\$542.47	\$542.47								
				TOTAL	\$542.47								
10. ACCOUNTING DATA													
SYSTEMS DATA		CHECK APPLICABLE QUARTER											
		<input type="checkbox"/> 1ST <input checked="" type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/> 4TH											
		TOTAL \$542.47											
AGY	DISTV	APPN CODE	LIM CODE	AFC CODE	PROGRAM ELEMENT	COST CENTER	OBJECT CLASS	DOCUMENT NUMBER				PROJECT	ACCOUNTING AMOUNT
								TYPE	FY	P.R. NUMBER	SUFFIX		
2					000105	144102	261	21	06	0566 (1) 222			
2		2/01	0	113	000105	144102	261	21					
2					0			21					

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 DATE RECEIVED _____

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 COMDTINST M4500.6A
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6,7c

Underwater Sports
10545 Aurora Ave N
Seattle, WA 98133
(206) 362-3310

ORDER Invoice No: 74533
Date: 02/01/06

Page: 1

Sold To: Jessica Noel
USCG Healy (WAGB20)
14 South Massachusettes St.
Seattle, WA 98134

Customer No: 57352
Phone No: (206) 217-6300

Ship To:

Cust. Order #:

Salesperson: #3

Product Code	Item Description	Ordrd	Ship	Unit Price	Amount
TRIGB43	Mesh Bag w/ Ring (Large/Yellow)	3	0	11.50	34.50
TRIGB41	Mesh Bag w/ Ring (Medium/Red)	2	0	9.60	19.20
SEASKYN MD	Seaskyn Glove MD	2	0	20.00	40.00
SEASKYN XS	Seaskyn Glove XS	1	0	20.00	20.00
SEASKYN SM	Seaskyn Glove SM	1	0	20.00	20.00
TRID615-YEL	Hanger Shoulder Saver Yellow	6	0	17.00	102.00
BRPK4-FYEL (05	Reef Protector Kit, F Yel	4	0	10.00	40.00
CRL03-YLW	Coil Lanyard 36inch QR YLW	4	0	12.65	50.60
MCN40853	SeaGold 1.25 oz UWS Label	3	0	4.00	12.00
411024-BXCL BG	X-Vision, Medium Blue-Fog	1	0	43.50	43.50
UK80009	SL4 Yellow	1	0	26.00	26.00
UK14512	Mini Q40 eLED Yellow	1	0	26.67	26.67
USIA BLUE MED	Dry Gloves Med, Blue	1	0	54.00	54.00
USIA BLUE LRG	Dry Gloves Lrg, Blue	1	0	54.00	54.00

Sub-Total: 542.47

Shipping: 0.00

Tax [0]: EXEMPT *

Total: 542.47

www.underwatersports.com

Amount Paid: 0.00

Amount Due: 542.47

6,7c

DEPARTMENT OF TRANSPORTATION PROCUREMENT REQUEST PROCESS RAPIDLY					PROCUREMENT REQUEST NO. <u>21-06-856661352</u>							
					DATE RECEIVED 6 MAR 2006							
1. NAME, PHONE NUMBER, AND ROUTING SYMBOL OF PERSON TO CONTACT JESSICA HILL, LT 217-6300 xt 304, ODV					2. TYPE OF REQUEST (Check one) A <input checked="" type="checkbox"/> NEW REQUEST B <input type="checkbox"/> CHANGE TO PENDING PR NO. C <input type="checkbox"/> MODIFICATION TO CONTRACT OR ORDER NO.							
3. ORIGINATING OFFICE DATA Supply Office, HEALY												
4. ADDITIONAL INFORMATION (Suggested supply sources, security data, etc.) Bauer NW 23113 23rd Dr. NE Arlington, WA 98223 425-869-6642 POC: <u>[REDACTED] 360-403-0584 - FAX</u>												
5. APPROVALS					6. CONSIGNEE AND DESTINATION Commanding Officer USCGC HEALY (WAGB-20) 1519 Alaskan Way South Seattle, WA 98134 Attn: Dive							
APPROVING OFFICIALS (A)	ROUTING SYMBOL (B)	DATE (C)	INTERNAL ROUTING (D) INITIALS (E) ROUTING SYMBOL									
(1) AUTHORIZED REQUISITIONER ✓ Jessica E. Noel	ODV	6MAR										
(2) ACCOUNTING CERTIFICATION OFFICER [REDACTED]		3/5										
(3)												
					7. DATE(S) REQUIRED 20 March 2006							
					8. GOVERNMENT FURNISHED PROPERTY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "YES" see par. 8 of instructions on page 2.)							
9. DESCRIPTION OF ITEMS OR SERVICES												
ITEM NO. (A)	ITEM OR SERVICE (include Specifications and Special Instructions) (B)	QTY (C)	UNIT (D)	ESTIMATED COST								
				UNIT (E)	AMOUNT (F)	AMOUNT (G)						
1	10mm SS tubing	30	ft	7.00	\$6.00	\$180.00						
2	10mm SS union compression fitting	3	ea	12.00	\$7.00	\$21.00						
3	10mm SS 90degree elbow compression fitting	3	ea	12.00	\$7.00	\$21.00						
4	10mm SS "T" compression fitting	1	ea	7.00	\$12.00	\$12.00						
5	10mm SS compression fitting to 1/4in NPT	1	ea	12.00	\$10.00	\$10.00						
PARTIAL/COMPLETE SIGNATURE <u>[REDACTED] LT</u> DATE RECEIVED <u>25 Mar 06</u>												
10. ACCOUNTING DATA					TOTAL 301.00 0244.00							
SYSTEMS DATA		CHECK APPLICABLE QUARTER										
		<input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input checked="" type="checkbox"/> 3RD <input type="checkbox"/> 4TH										
AGY	DISK	APPN CODE	LIM CODE	AFC CODE	PROGRAM ELEMENT	COST CENTER	OBJECT CLASS	DOCUMENT NUMBER			PROJECT	ACCOUNTING AMOUNT
								TYPE	FY	P.R. NUMBER		
2								21		21-06-856661352	ODV	
2								21				
2								21				

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NW Air & Safety
 403 327th Place
 Federal Way, WA 98023
 253.815.0292
 Fed. ID 54-2075671

60352

Invoice

Date	Invoice #
04/13/2006	515

Bill To
US Coast Guard USCGC Henley

P.O. No.	Terms	Project
Supply Officer	Due on receipt	

Quantity	Description	Rate	Amount
1	Part lot stainless steel high pressure tubing and required fittings	301.00	301.00
		Total	\$301.00

617C

DEPARTMENT OF TRANSPORTATION PROCUREMENT REQUEST PROCESS RAPIDLY					PROCUREMENT REQUEST NO. 21-06-95666-0353	
1. NAME, PHONE NUMBER, AND ROUTING SYMBOL OF PERSON TO CONTACT JESSICA HILL, LT					DATE RECEIVED 6MAR 2006	
3. ORIGINATING OFFICE DATA Supply Office, HEALY					2. TYPE OF REQUEST (Check one) A <input checked="" type="checkbox"/> NEW REQUEST B <input type="checkbox"/> CHANGE TO PENDING PR NO. _____ C <input type="checkbox"/> MODIFICATION TO CONTRACT OR ORDER NO. _____	
4. ADDITIONAL INFORMATION (Suggested supply sources, security data, etc.) Underwater Sports 10545 Aurora Ave North Seattle, WA 98133 206-362-3310, POC: [REDACTED]					6. CONSIGNEE AND DESTINATION	
5. APPROVALS						
APPROVING OFFICIALS		ROUTING SYMBOL	DATE	INTERNAL ROUTING		
(A)		(B)	(C)	INITIALS (D)	ROUTING SYMBOL (E)	
(1) AUTHORIZED REQUISITIONER						
? Jessica E. Noel		ODV	6MAR			
(2) ACCOUNTING CERTIFICATION OFFICER						
[REDACTED]			3/3			
(3)						
(4)						
7. DATE(S) REQUIRED 20 April 2006						
8. GOVERNMENT FURNISHED PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "YES" see par. 8 of instructions on page 2.)						
9. DESCRIPTION OF ITEMS OR SERVICES						
ITEM NO. (A)	ITEM OR SERVICE (Include Specifications and Special Instructions) (B)	QTY (C)	UNIT (D)	ESTIMATED COST		
				UNIT (E)	AMOUNT (F)	
1	Tank Visual Inspection	20	ea	\$0.00	\$0.00	
2	Compressor Air Test	1	ea	\$0.00	\$0.00	
3	Scuba Pro Jet Fins, Med	1	pair		\$0.00	
4	Apollo Bio Fin Pro, Med	2	pair		\$0.00	
5	Oceanstar Mask & Snorkel set	4	ea		\$0.00	
6	SI Tech Quick Glove cuffs (ring set)	5	set		\$0.00	
7	Dry glove - Med, blue	1	pair		\$0.00	
8	Dry glove - Lrg, blue	1	pair		\$0.00	
9	Banding labor for Tank VIP	7	set		\$0.00	
10	HP hose, 36inch	5	ea		\$0.00	
11	Scuba Pro Jet Fins, Lrg	1	pair		\$0.00	
	See attached quote from vendor				\$0.00	
					\$0.00	
					\$0.00	
10. ACCOUNTING DATA SYSTEMS DATA CHECK APPLICABLE QUARTER <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input checked="" type="checkbox"/> 3RD <input type="checkbox"/> 4TH					TOTAL 1460.00	
AGY	APPN CODE	LIM CODE	AFC CODE	PROJECT	ACCOUNTING AMOUNT	
2	206-362-3310			ODV		
2						
2						

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Underwater Sports
 10545 Aurora Ave N
 Seattle, WA 98133
 (206) 362-3310

Quote No.: 1947
 Date: 03/06/06
 Page: 1

Quoted To: Jessica Noel USCG Healy (WAGB20) 14 South Massachusetts St. Seattle, WA 98134	Customer No: 57352 Phone No: (206) 217-6300
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Salesperson: # 3- [REDACTED]

Item Description	Qty	List Price	Disc	Unit Price	Amount	T
VIP+ Visual Plus (NO AIR)	20	13.00	23.1%	10.00	200.00	T
Labor Required Twins - Banding	7	25.00	28%	18.00	126.00	T
Air Test	1	95.00	26.3%	70.00	70.00	T
Jet Fins Size M/7-8	1	102.00	27.5%	74.00	74.00	T
Jet Fins Size L/9-10	1	102.00	27.5%	74.00	74.00	T
Bio-Fin, Pro, Blk, MD	2	200.00	30%	140.00	280.00	T
Ring-Set, Quick Dry	5	70.00	22.9%	54.00	270.00	T
Dry Gloves Med, Blue	1	69.95	22.8%	54.00	54.00	T
Dry Gloves Lrg, Blue	5	69.95	22.8%	54.00	270.00	T
Rose, HP 36inch (7/16)	5	34.95	25.6%	26.00	130.00	T
Misc. Item (This One Only)	1	44.95	15.5%	38.00	38.00	T
Oceanic Coral Mask/Snorkel Set						
Oceanstar Mask/Snorkel Combo	4	59.95	46.6%	32.00	128.00	T
In stock & with side view mask.						

List Price Sub-Total:	2178.40	Sub-Total:	1628.00	1460.00
Total Discount from List:	550.40	25.27%	Additional Discount:	
			Shipping:	0.00
			Tax [0]:	EXEMPT *
			Quote Total:	1628.00 1460.00

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6,7c

DEPARTMENT OF TRANSPORTATION PROCUREMENT REQUEST PROCESS RAPIDLY				PROCUREMENT REQUEST NO. <u>21-06-856661301</u>									
				DATE RECEIVED 6 MAR 2006									
1. NAME, PHONE NUMBER, AND ROUTING SYMBOL OF PERSON TO CONTACT JESSICA HILL, LT 217-6300 xt 304, ODV				2. TYPE OF REQUEST (Check one) A <input checked="" type="checkbox"/> NEW REQUEST B <input type="checkbox"/> CHANGE TO PENDING PR NO. _____ C <input type="checkbox"/> MODIFICATION TO CONTRACT OR ORDER NO. _____									
3. ORIGINATING OFFICE DATA Supply Office, HEALY													
4. ADDITIONAL INFORMATION (Suggested supply sources, security data, etc.) Swagelock - Seattle Fluid Sys Technologies 11730 118th Ave NE, Bldg A, Ste 100 Kirkland, WA 98034 POC: <u>425-825-1115</u>													
5. APPROVALS				6. CONSIGNEE AND DESTINATION Commanding Officer USCGC HEALY (WAGB-20) 1519 Alaskan Way South Seattle, WA 98134 Attn: Dive 7. DATE(S) REQUIRED 20 March 2006 8. GOVERNMENT FURNISHED PROPERTY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "YES" see par. 8 of Instructions on page 2.)									
APPROVING OFFICIALS (A)	ROUTING SYMBOL (B)	DATE (C)	INTERNAL ROUTING INITIALS (D) ROUTING SYMBOL (E)										
(1) AUTHORIZED REQUISITIONER ✓ Jessica E. Noel	ODV	6MAR											
(2) ACCOUNTING CERTIFICATION OFFICER [Redacted]		3/7											
(3)													
8. DESCRIPTION OF ITEMS OR SERVICES													
ITEM NO. (A)	ITEM OR SERVICE (Include Specifications and Special Instructions) (B)	QTY (C)	UNIT (D)	ESTIMATED COST									
				UNIT (E)	AMOUNT (F)								
1	SS Needle Valve w/ Compression Fittings P/N SS-1KS10MM FUNDS AVAIL: YES <u>FKR</u> NO _____ POC: _____ FOB: DEST. <u> </u> ORG. _____ ORDERED DATE <u>3/7</u> SHIP DATE _____ ORDERED BY <u>SKL [Redacted] Visa: 1946</u> TOTAL PRICE <u>876.30</u> - AGENCY INVENTORIES \$0.00 - EXCESS FROM OTHER AGENCIES \$0.00 - F.P.I. (UNICOR) \$0.00 - BLIND/SEVERELY HANDICAPPED \$0.00 - GSA OR OTHER I.C.P. \$0.00 - MAND ___ /OPT ___ SCHED NO _____ \$0.00 - COMMERCIAL SOURCES \$0.00 ENTERED INTO LUPS BY: <u>u</u> ON <u>3/6</u> \$0.00	1	ea	\$76.30	\$76.30								
10. ACCOUNTING DATA													
SYSTEMS DATA		CHECK APPLICABLE QUARTER		TOTAL \$76.30									
		<input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input checked="" type="checkbox"/> 3RD <input type="checkbox"/> 4TH											
AG	DIST	APPN CODE	LIM CODE	AFC CODE	AL	PROGRAM ELEMENT	COST CENTER	OBJECT CLASS	DOCUMENT NUMBER			PROJECT	ACCOUNTING AMOUNT
									TYPE	FY	P.R. NUMBER SUFFIX		
2	01	1173	304	0	0	GU14102	21	21	21	21	ODV		
2					0								
2					0								

FORM DOT F 4200.1.2CG (Rev. 2-94)
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Seattle Fluid System Technologies

Suite B-103, 3240 118th Ave SE
Bellevue, WA 98005
425.825.1115(PH) - 425.825.1705(FX)

INVOICE

5023303

REMIT TO: P.O. Box 15196 Portland, OR 97293

Cust Order No **GD361**

Requisition Number **MB**

Our Order No **95285519**

Sold To: **2CGSEA**

Ship To: **2CGSEA**

**U S COAST GUARD
COM OFF(1223)USCG FINCIN
1430 A KRISTINA WAY
CHESAPEAKE VA 23326-1223**

**PO # GD361
U S COAST GUARD
14 S MASSACHUSETTES
CUTTER HEALY
SEATTLE WA 98134**

FOB Shipping Point

We Accept   

Date Shipped 03/14/06	Shipping Instructions UPS	Territory 22	Order Date 03/08/06	Sales Tax Code GOV	Invoice Date 03/15/06	Invoice Number 5023303
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Item	Description	QUANTITY			Unit Price	Disc	Amount
		Ordered	Balance Due	Shipped			
1	SS-1KS10MM VALVE	1		1	76.30		76.30
<p>Contact us or visit the Swagelok Web site at www.swagelok.com for Swagelok product warranty information. NO OTHER WARRANTIES APPLY AND IN NO EVENT SHALL SELLER OR MANUFACTURER BE LIABLE FOR ANY CONSEQUENTIAL OR INCIDENTAL DAMAGES. U.N. Convention on Contracts for the Sales of International Goods is specifically excluded.</p>							

Terms NET 30 DAYS	Sub Total 76.30	Sales Tax Rate .0000%	Sales Tax .00	Shipping & Handling 7.97	TOTAL 84.27
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Discounts for prompt payment do not apply to shipping charges or taxes.
Finance charges on past due accounts, 30 days after first billing, is a fixed amount of 1-1/2% per month on unpaid balance which is 18% annual percentage rate.

***NON-RETURNABLE/NON-CANCELABLE ITEM ANY RETURN MUST BE AUTHORIZED IN WRITING**
All claims and shortages must be reported within 10 days after receipt of shipment.

Customer Contact & Phone Number [REDACTED]	Customer Copy	166 PAGE 10 OF 12 PAG 062 100.00
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6,7C

DEPARTMENT OF TRANSPORTATION PROCUREMENT REQUEST PROCESS RAPIDLY					PROCUREMENT REQUEST NO. 21-06-85660532							
1. NAME, PHONE NUMBER, AND ROUTING SYMBOL OF PERSON TO CONTACT JESSICA HILL, LT					DATE RECEIVED 13 JUN 2006							
3. ORIGINATING OFFICE DATA Supply Office, HEALY					2. TYPE OF REQUEST (Check one) A <input checked="" type="checkbox"/> NEW REQUEST B <input type="checkbox"/> CHANGE TO PENDING PR NO. _____ C <input type="checkbox"/> MODIFICATION TO CONTRACT OR ORDER NO. _____							
4. ADDITIONAL INFORMATION (Suggested supply sources, security data, etc.) Oxygen Hydrostat, Fire King South Holden St., Seattle WA 98108 _____, 206-763-____					8. CONSIGNEE AND DESTINATION COMMANDING OFFICER USCGC HEALY (WAGB-20) 14 SO. MASSACHUSETTS ST SEATTLE, WA 98134							
5. APPROVALS					7. DATE(S) REQUIRED							
APPROVING OFFICIALS (A)		ROUTING SYMBOL (B)	DATE (C)	INTERNAL ROUTING INITIALS (D) ROUTING SYMBOL (E)		7. DATE(S) REQUIRED 7 JUL 06						
(1) AUTHORIZED REQUISITIONER J.E. Hill, LT		ODV	13 Jun	[Redacted] Div 20		8. GOVERNMENT FURNISHED PROPERTY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "YES" see par. 8 of instructions on page 2.)						
(2) ACCOUNTING CERTIFICATION OFFICER		_____	_____	_____								
(3) [Redacted]		_____	_____	_____								
9. DESCRIPTION OF ITEMS OR SERVICES												
ITEM NO. (A)	ITEM OR SERVICE (Include Specifications and Special Instructions) (B)			QTY (C)	UNIT (D)	ESTIMATED COST						
						UNIT (E)	AMOUNT (F)					
1	Hydrostatic testing for compressor tanks (k-bottles) LT. Hill will have company come pick up the tanks. They will notify us when job is done so we can pay for them. #UPTO			4	1	\$100.00 \$258	\$400.00 \$210.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00					
10. ACCOUNTING DATA					TOTAL							
SYSTEMS DATA		CHECK APPLICABLE QUARTER			210.00							
		<input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input checked="" type="checkbox"/> 3RD <input type="checkbox"/> 4TH			\$400.00							
AGY	DISY	APPN CODE	LIM CODE	AFC CODE	PROGRAM ELEMENT	COST CENTER	OBJECT CLASS	DOCUMENT NUMBER			PROJECT	ACCOUNTING AMOUNT
								TYPE	FY	P.R. NUMBER		
2		6661	133	30	60	14102	2546	21	06	85660532	ODV	
2								21				
2								21				

FORM DOT F 4200.1.2CG (Rev. 2-94)
 PREVIOUS EDITIONS ARE OBSOLETE

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