**SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEM**

**OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, 30**

<table>
<thead>
<tr>
<th>Item</th>
<th>SCHEDULE OF SUPPLIES/SEVICES</th>
<th>Quantity</th>
<th>Unit</th>
<th>Unit Price</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>0001</td>
<td>Yamaha Rhino 700 FL, Automatic Transmission, Continued ...</td>
<td>1</td>
<td>EA</td>
<td>11,323.17</td>
<td>11,323.17</td>
</tr>
</tbody>
</table>

**ACCOUNTING AND APPROPRIATION DATA**

- **SOLICITATION NUMBER:** REQ-4400-10-0034
- **OFFER DUE DATE:** LOCAL TIME
- **DELIVERY TO:** [Redacted]
- **SNDC:** [Redacted]

**SIGNATURE OF OFFEROR/CONTRACTOR**

- **NAME AND TITLE OF SIGNER:** [Redacted]
- **DATE SIGNED:** 02/25/10

**AUTHORIZED FOR LOCAL REPRODUCTION**

PREVIOUS EDITION IS NOT USABLE
<table>
<thead>
<tr>
<th>ITEM NO</th>
<th>SCHEDULE OF SUPPLIES/SERVICES</th>
<th>QUANTITY</th>
<th>UNIT</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>4x4, Model year 2011.</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

CFSC PROJECT OFFICER: MS. CAROLEE PAUL (301) 504-7540

DELIVERY LOCATION:
CONSUMER PRODUCT SAFETY COMMISSION
DIRECTORATE FOR LABORATORY SCIENCES
10901 DARNESTOWN ROAD
GAITHERSBURG, MD 20878-2611

SER INCLUDED DELIVERY AND BILLING INSTRUCTIONS.

The total amount of award: $11,323.17. The obligation for this award is shown in box 26.

---

**32a** QUANTITY IN COLUMN 21 HAS BEEN
- [ ] RECEIVED
- [ ] INSPECTED
- [ ] NOTED

**32b** SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE
**32c** DATE
**32d** PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE

**32e** MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE
**32f** TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE
**32g** E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE

**33** SHIP NUMBER
**34** VOUCHER NUMBER
**35** AMOUNT VERIFIED CORRECT FOR
- COMPLETE
- PARTIAL
- FINAL

**36** PAYMENT
**37** CHECK NUMBER

**38** S/I/R ACCOUNT NUMBER
**39** S/I/R VOUCHER NUMBER
**40** PAID BY

**41a** CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT
**41b** SIGNATURE AND TITLE OF CERTIFYING OFFICER
**41c** DATE

**42a** RECEIVED BY (Payor)
**42b** RECEIVED AT (Location)
**42c** DATE REC'D (YY/MM/DD)
**42d** TOTAL CONTAINERS

STANDARD FORM 1449 (REV. 3/2005) BACK