**CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED HEREIN.**

**NAME**
Eddie Ahmad

**DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED**

**DISCOUNT TERMS**
Net 30

**DATE SIGNED**

**NAME AND TITLE OF SIGNER**

**AUTHORIZED FOR LOCAL REPRODUCTION**

**REQUISITION NUMBER OF SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEM**

**OFFER DUE DATE LOCAL TIME**

**SOLICITATION NUMBER**

**COMMENT**

**REQUISITION NUMBER**

**ORDER NUMBER**

**SOLICITATION ISSUE DATE**

**ISSUED BY**
CONSUMER PRODUCT SAFETY COMMISSION
DIV OF PROCUREMENT SERVICES
4330 EAST WEST HWY
ROOM 517
BETHESDA MD 20814

**DELIVER TO**
CONSUMER PRODUCT SAFETY COMMISSION
DIV OF PROCUREMENT SERVICES
4330 EAST WEST HWY
ROOM 517
BETHESDA MD 20814

**PAYMENT WILL BE MADE BY**
CONSUMER PRODUCT SAFETY COMMISSION
DIV OF PROCUREMENT SERVICES
4330 EAST WEST HWY
ROOM 517
BETHESDA MD 20814

**SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED**

**SCHEDULE OF SUPPLIES/SERVICES**

**ACCOUNTING AND APPROPRIATION DATA**

**AWARD OF CONTRACT REF. _______ OFFERED YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS**

**SIGNATURE OF OFFEROR/CONTRACTOR**

**AUTHORIZED FOR LOCAL REPRODUCTION**

**SIGNATURE**

**DATE SIGNED**

**NAME OF CONTRACTING OFFICER**

**AUTHORIZED FOR LOCAL REPRODUCTION**

**PREVIOUS EDITION IS NOT USABLE**
obligation for this award is shown in box 26.

<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>
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32a. QUANTITY IN COLUMN 21 HAS BEEN ACCEPTED, AND CONFORMS TO THE CONTRACT, EXCEPT AS

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<th>RECEIVED</th>
<th>INSPECTED</th>
<th>NOTED:</th>
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</thead>
</table>

32b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE

32c. DATE

32d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE

32a. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE

32b. TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE

32c. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE

33. SHIP NUMBER

34. VOUCHER NUMBER

35. AMOUNT VERIFIED CORRECT FOR

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<th>PARTIAL</th>
<th>FINAL</th>
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</table>

38. S/R ACCOUNT NUMBER

39. S/R VOUCHER NUMBER

40. PAID BY

41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT

41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER

41c. DATE

42a. RECEIVED BY (Print)

42b. RECEIVED AT (Location)

42c. DATE REC'D (YY/MM/DD)

42d. TOTAL CONTAINERS