

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEM				1. REQUISITION NUMBER		PAGE OF	
OFFEROR TO COMPLETE BLOCKS 12, 17, 21, 24, & 30				11PR-GYS-028		1 4	
2. CONTRACT NO. GS-00F-0002V		3. AWARD EFFECTIVE DATE		4. ORDER NUMBER FOFS-11-G-0001		5. SOLICITATION NUMBER	
7. FOR SOLICITATION INFORMATION CALL:		8. NAME BRUNILDA BETANCOURT		9. TELEPHONE NUMBER (No collect calls)		6. SOLICITATION ISSUE DATE	
9. ISSUED BY OFS DEPARTMENT OF THE TREASURY 1500 PENNSYLVANIA AVE., N.W. WASHINGTON DC 20220		10. THIS ACQUISITION IS <input checked="" type="checkbox"/> UNRESTRICTED OR <input type="checkbox"/> SET ASIDE <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> SERVICE DISABLED VETERAN-OWNED SMALL BUSINESS NAICS: 333315 SIZE STANDARD: 500		11. FOR		<input type="checkbox"/> EMERGING SMALL BUSINESS <input type="checkbox"/> SOLE SOURCE <input type="checkbox"/> 8(a)	
11. DELIVERY FOR OR DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE		12. DISCOUNT TERMS		13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)		13b. RATING	
15. DELIVER TO OFS-1 DEPARTMENT OF THE TREASURY 1801 L STREET, NW WASHINGTON DC 20036		15. ADMINISTERED BY OFS DEPARTMENT OF THE TREASURY 1500 PENNSYLVANIA AVE., N.W. WASHINGTON DC 20220		14. METHOD OF SOLICITATION <input type="checkbox"/> RFQ <input type="checkbox"/> IFB <input checked="" type="checkbox"/> RFP		15. CONTRACTING OFFICER CODE OFS	
17a. CONTRACTOR/OFFEROR CANON U.S.A. INC. P.O. BOX 6517 ARLINGTON VA 22206-0517		17b. PAYMENT WILL BE MADE BY OFS DEPARTMENT OF THE TREASURY 1500 PENNSYLVANIA AVE., N.W. WASHINGTON DC 20220		18. CONTRACTOR/OFFEROR CODE 116194192		18. FACILITY CODE	
17a. TELEPHONE NO.		17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER		18a. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED <input type="checkbox"/> SEE ADDENDUM			
15. ITEM NO.		20. SCHEDULE OF SUPPLIES/SERVICES		21. QUANTITY		22. UNIT	
		This is a firm fixed priced GSA delivery order.				23. UNIT PRICE	
		The individual responsible for certifying invoices for this order is Robin Smith,				24. AMOUNT	
		Accounting info: OFS0128SE11XX-2011-610001-OFS1231150-2524-00000000 Continued ... (Use Reverse and/or Attach Additional Sheets as Necessary)					
25. ACCOUNTING AND APPROPRIATION DATA See schedule		25. TOTAL AWARD AMOUNT (For Govt Use Only) \$12,937.00					
<input type="checkbox"/> 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4, FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED		<input type="checkbox"/> 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED					
<input type="checkbox"/> 28. 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.		<input checked="" type="checkbox"/> 29. AWARD OF CONTRACT REF. Canon Quote OFFER DATED 12/07/2010. YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN IS ACCEPTED AS TO ITEMS:					
30a. SIGNATURE OF OFFEROR/CONTRACTOR		30b. DATE SIGNED		30c. NAME OF CONTRACTING OFFICER (Type or Print)		30d. DATE SIGNED	
[Redacted Signature]		1/5/2011		BRUNILDA BETANCOURT		5 Jan 11	

<b>SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEM</b> <i>OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, &amp; 30</i>				1. REQUISITION NUMBER 11PR-OFS-028		PAGE OF 1 4		
2. CONTRACT NO. GS-00F-0002V		3. AWARD/ EFFECTIVE DATE	4. ORDER NUMBER TOFS-11-G-0001		5. SOLICITATION NUMBER		6. SOLICITATION ISSUE DATE	
7. FOR SOLICITATION INFORMATION CALL:		a. NAME BRUNILDA BETANCOURT			b. TELEPHONE NUMBER <i>(No collect calls)</i>		8. OFFER DUE DATE/LOCAL TIME	
9. ISSUED BY OFS DEPARTMENT OF THE TREASURY 1500 PENNSYLVANIA AVE., N.W. WASHINGTON DC 20220			CODE OFS	10. THIS ACQUISITION IS <input checked="" type="checkbox"/> UNRESTRICTED OR <input type="checkbox"/> SET ASIDE: % FOR: <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> EMERGING SMALL BUSINESS NAICS: 333315 <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> SOLE SOURCE SIZE STANDARD: 500 <input type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS <input type="checkbox"/> 8(A)				
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TELEPHONE NO.				<input type="checkbox"/> 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER				18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED <input type="checkbox"/> SEE ADDENDUM
19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES			21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT	
	This is a firm fixed priced GSA delivery order.  <div style="background-color: black; width: 100%; height: 20px;"></div> The individual responsible for certifying invoices for this order is Robin Smith, <div style="background-color: black; width: 100%; height: 20px;"></div> Accounting Info: OFS0128SE11XX-2011-610001-OFS1231150-2524-00000000 Continued ... <i>(Use Reverse and/or Attach Additional Sheets as Necessary)</i>							
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30a. SIGNATURE OF OFFEROR/CONTRACTOR				31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)				
30b. NAME AND TITLE OF SIGNER (Type or print)		30c. DATE SIGNED		31b. NAME OF CONTRACTING OFFICER (Type or print)		31c. DATE SIGNED		
				BRUNILDA BETANCOURT				

\* For Legibility Purposes Only \*

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
0001	<p>-XXX-XX-XXXXXXXX-XXXXXXXX-XXXXXXXX</p> <p>Period of Performance: 01/05/2011 to 01/04/2012</p> <p>Canon ImageRunner C5051G System (\$11,590.00) includes 90 day warranty, delivery and installation</p> <p>[REDACTED]</p>				[REDACTED]
0002	<p>Service Agreement for copier/printer</p> <p>Service Agreement - C5051 Service Cost: All accessories, parts, labor, drums and toner</p> <p>[REDACTED]</p> <p>This copier/printer is for Assistant Secretary's office staff at Main Treasury.</p> <p>The total amount of award: \$12,937.00. The Continued ...</p>				[REDACTED]

32a. QUANTITY IN COLUMN 21 HAS BEEN  RECEIVED  INSPECTED  NOTED: \_\_\_\_\_

32d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE  
ACCEPTED, AND CONFORMS TO THE CONTRACT, EXCEPT AS \_\_\_\_\_

32b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE \_\_\_\_\_

32c. DATE \_\_\_\_\_

32f. TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE \_\_\_\_\_

32e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE \_\_\_\_\_

32g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE \_\_\_\_\_

33. SHIP NUMBER <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	34. VOUCHER NUMBER	35. AMOUNT VERIFIED CORRECT FOR	36. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	37. CHECK NUMBER
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38. S/R ACCOUNT NUMBER	39. S/R VOUCHER NUMBER	40. PAID BY
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41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT	42a. RECEIVED BY ( <i>Print</i> )
41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER	42b. RECEIVED AT ( <i>Location</i> )
41c. DATE	42c. DATE REC'D ( <i>YY/MM/DD</i> )
	42d. TOTAL CONTAINERS

NAME OF OFFEROR OR CONTRACTOR  
CANON U.S.A. INC.

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	obligation for this award is shown in box 26.				

## INVOICING AND PAYMENT INSTRUCTIONS

The contractor shall submit invoices as follows:

(a) Invoices shall be submitted (preferably) electronically to [OFS@bpd.treas.gov](mailto:OFS@bpd.treas.gov) or sent via mail to the following address:

**ARC/ASD/OFS, Avery 3G**



(b) The contractor shall submit invoices in a format that replicates the line item (CLIN) and subline item (subCLIN) structure of the task order or, in the case of an order against a task order, the CLIN and subCLIN structure of the order. Each invoice shall provide, by CLIN and subCLIN, the line item number, description, quantity being invoiced, unit of measure, unit price, and current invoiced amount. Each invoice shall sequence CLINs and subCLINs in the same order in which they appear in the contract or order and shall be totaled at the bottom of the invoice.

(c) A copy of the invoice shall also be submitted to the Technical Point of Contact and CO simultaneously at the following address:

Technical POC: Robin Smith  
Address: 

E-mail: 

CO: B. Lynda Betancourt  
Address: 

E-mail: 

(d) Each invoice submitted shall be supported by appropriate documentation. Documentation necessary to substantiate an invoice shall include, but is not limited to project name and number, invoice number, percent complete, original contract amount, modification amounts, retainage amount and percent cumulative), cost of materials used this invoice, value of work in place, contractor name, and contract number/task order number. Such documentation shall meet the approval of the Contracting Officer.

***Note: Any invoice found to be incorrect or insufficient may be returned to the contractor for correction and/or resubmission. Any invoice returned will be accompanied by a memo identifying the discrepancies.***