

**SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS  
OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30**

1. REQUISITION NUMBER PAGE 1 OF

|                 |                         |                 |   |   |
|-----------------|-------------------------|-----------------|---|---|
| 2. CONTRACT NO. | 3. AWARD/EFFECTIVE DATE | 4. ORDER NUMBER | 5. SOLICITATION NUMBER<br><b>SID32015Q0004-A001</b> | 6. SOLICITATION ISSUE DATE<br><b>December 5<sup>th</sup> 2014</b> |
|-----------------|-------------------------|-----------------|---|---|

|                                      |                                    |   |  |
|--------------------------------------|------------------------------------|---|--|
| 7. FOR SOLICITATION INFORMATION CALL | a. NAME<br><b>Margaret C. Sula</b> | b. TELEPHONE NUMBER (No collect calls)<br><b>021-34359026</b> | 8. OFFER DUE DATE/ LOCAL TIME<br><b>January 5<sup>th</sup> 2015 at 16:00 WIB Noon.</b> |
|--------------------------------------|------------------------------------|---|--|

|   |   |   |  |
|---|---|---|--|
| 9. ISSUED BY CODE<br><br>GSO-PCU<br>U.S. Embassy Jakarta<br>Annex Building - Gedung Sarana Jaya<br>Jl. Budi Kemuliaan 1 No. 1 | 10. THIS ACQUISITION IS<br><input type="checkbox"/> SMALL BUSINESS<br><input type="checkbox"/> HUBZONE SMALL BUSINESS<br><input type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS | <input checked="" type="checkbox"/> UNRESTRICTED OR<br><input type="checkbox"/> WOMEN-OWNED SMALL BUSINESS<br><input type="checkbox"/> (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS PROGRAM NAICS:<br><input type="checkbox"/> EDWOSB<br><input type="checkbox"/> 8 (A) | <input type="checkbox"/> SET ASIDE: ____ %<br>FOR:<br>SIZE STANDARD: |
|---|---|---|--|

|   |                    |  |             |   |
|---|--------------------|--|-------------|---|
| 11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED | 12. DISCOUNT TERMS | <input type="checkbox"/> 13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700) | 13b. RATING | 14. METHOD OF SOLICITATION<br><input checked="" type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP |
|---|--------------------|--|-------------|---|

|                                     |                          |
|-------------------------------------|--------------------------|
| 15. DELIVER TO CODE<br>See Block 9. | 16. ADMINISTERED BY CODE |
|-------------------------------------|--------------------------|

|   |                                   |
|---|-----------------------------------|
| 17a. CONTRACTOR/OFFERER CODE<br><br>TELEPHONE NO. | 18a. PAYMENT WILL BE MADE BY CODE |
|---|-----------------------------------|

|  |  |
|--|--|
| <input type="checkbox"/> 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN | 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 |
|--|---|--------------|----------|----------------|------------|
|  | Travel Management Centre (TMC) Services | One          | Lot      |                |            |
| <i>(Use Reverse and/or Attach Additional Sheets as</i> |   |              |          |                |            |

|                                       |   |
|---------------------------------------|---|
| 25. ACCOUNTING AND APPROPRIATION DATA | 26. TOTAL AWARD AMOUNT (For Govt. Use Only) |
|---------------------------------------|---|

|   |   |
|---|---|
| <input checked="" 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 checked="" type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED |
| <input checked="" type="checkbox"/> 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA              | <input checked="" type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED |

|  |   |
|--|---|
| <input checked="" 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 type="checkbox"/> 29. AWARD OF CONTRACT: REF. _____ OFFER DATED _____. 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 | 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)<br><b>Margaret C. Sula</b> | 31c. DATE SIGNED |
|---|------------------|---|------------------|

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**STANDARD FORM 1449**

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| 19.<br>ITEM NO. | 20.<br>SCHEDULE OF SUPPLIES/SERVICES | 21.<br>QUANTITY | 22.<br>UNIT | 23.<br>UNIT PRICE | 24.<br>AMOUNT |
|-----------------|--------------------------------------|-----------------|-------------|-------------------|---------------|
|                 |                                      |                 |             |                   |               |

32a. QUANTITY IN COLUMN 21 HAS BEEN

RECEIVED  INSPECTED  ACCEPTED, AND CONFORMS TO THE CONTRACT, EXCEPT AS 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<br><input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL | 34. VOUCHER NUMBER | 35. AMOUNT VERIFIED CORRECT FOR | 36. PAYMENT<br><input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> | 37. CHECK NUMBER |

38. S/R ACCOUNT NO.

39. S/R VOUCHER  
NO.

40. PAID BY

|  |           |                                      |                       |
|--|-----------|--------------------------------------|-----------------------|
| 41.a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR |           | 42a. RECEIVED BY ( <i>Print</i> )    |                       |
| 41b. SIGNATURE AND TITLE OF CERTIFYING<br>OFFICER      | 41c. DATE | 42b. RECEIVED AT ( <i>Location</i> ) |                       |
|  |           | 42c. DATE REC'D ( <i>YY/MM/DD</i> )  | 42d. TOTAL CONTAINERS |

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