

STANDARD FORM 1449 (REV. 2/2012)
Prescribed by GSA – FAR (48 CFR) 53.212

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS (CONTINUED)				PAGE 2 OF 53	
19. ITEM NO.	20. SCHEDULE OF SUPPLIES/ SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	SEE SCHEDULE				
32a. QUANTITY IN COLUMN 21 HAS BEEN <input type="checkbox"/> RECEIVED <input type="checkbox"/> INSPECTED <input type="checkbox"/> 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		34. VOUCHER NUMBER	35. AMOUNT VERIFIED CORRECT FOR	36. PAYMENT	37. CHECK NUMBER
<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL				<input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	
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 <i>(Print)</i>		
			42b. RECEIVED AT <i>(Location)</i>		
			42c. DATE REC'D <i>(YY/MM/DD)</i>	42d. TOTAL CONTAINERS	

Section SF 1449 - CONTINUATION SHEET

FAR SUBPART 13.5

Simplified Acquisition Procedures are being utilized as authorized under FAR subpart 13.5.

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001	LUMBER, DOUGLAS FFP LUMBER DOUGLAS FIR OR EQUAL SOFTWOOD, 2 IN X 4 IN X 12 FT, BULK -6 FT MIN LENGTH, SURFACED 4 SIDES, SELECT STRUCTURAL, FIRE-RETARDANT TREATED, FIRE RETARDANT TREATED MIL-L-19140E DTD 28JUN84 W/ AMD-2DTD 29JAN97, QPL-19140-QPD APPLIES, AVAIL ON ASSIST AND IHS DATABASES. ORDERING DATA: A) LUMBER AND PLYWOOD, FIRE RETARDANT TREATED MIL-L-19140E DTD 28JUN84 W/ AMD-2DTD 29JAN97. B) TYPE II (FIRE RETARDANT). C) CATEGORY- 2 (NAVAL SHIPBUILDING AND REPAIR). D) AS REQUIRED. E) BLUE STAIN REQUIRED. F) IAW PARA 3.12 OF SPEC. G) REQUIRED. H) IAW PARA 3.13.2 OF SPEC. I) IAW PARA 5.2.1 OF SPEC. J) REQUIRED. QPL-19140-QPD, DTD 26OCT17 APPLIES, AVAIL ON ASSIST DATABASE. FOB: Destination NSN: 5510-LL-L12-5034 MILSTRIP: N3225312745020 DWG NR: MIL-L-19140E PURCHASE REQUEST NUMBER: N3225312745020 PROJECT: 606 PSC CD: 5510	2,500	Board Feet		

NET AMT

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
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0002	LUMBER, HARDWOOD FFP LUMBER, HARDWOOD OAK I/A/W MM-L-736, TY II, WHITE OAK, SELECT CAR STOCK, 13" X 16" X 13' (60%) TO 17' (40%) LENGTHS +/- 5%, FULL SAWN, ROUGH, WAXED AND SEALED ENDS, NATIONAL HARDWOOD LUMBER ASSOC (NHLA).	60,000	Board Feet		
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LUMBER SHALL BE INSPECTED BY A THIRD PARTY GRADING
AGENCY AND WILL SUPPLY A CERTIFICATE OF
CONFORMANCE/INSPECTION CERTIFICATE.

ORDERING DATA:
A) LUMBER; HARDWOOD IAW MM-L-736D DTD 06MAY08 W/NOTICE 1
DTD 06MAR13.
B) THRU D) AS SPECIFIED.
E) REQUIRED.
F) N/A.
G) ANY STAGE OF SEASONING.
H) N/A.
I) AS SPECIFIED.
J) THRU L) N/A.
M) CERTIFICATE OF INSPECTION REQUIRED.
N) THRU O) REQUIRED.
FOB: Destination
NSN: 5510-LL-L27-0435
MILSTRIP: N3225312785020
PURCHASE REQUEST NUMBER: N3225312785020
PROJECT: 606
PSC CD: 5510

NET AMT

QUOTE INFORMATION

QUOTING AS SPECIFIED: ☐ YES ☐ NO (If No, List Exceptions)

QUOTING AS MANUFACTURER? ☐ YES ☐ NO

QUOTING AS DEALER? ☐ YES ☐ NO

NAME OF QUOTED MANUFACTURER _____

Domestic Material? ☐ YES ☐ NO

If not Domestic, Country of Origin: _____

INSPECTION AND ACCEPTANCE TERMS

Supplies/services will be inspected/accepted at:

CLIN	INSPECT AT	INSPECT BY	ACCEPT AT	ACCEPT BY
0001	Destination	Government	Destination	Government
0002	Destination	Government	Destination	Government

DELIVERY INFORMATION

CLIN	DELIVERY DATE	QUANTITY	SHIP TO ADDRESS	DODAAC / CAGE
0001	60 dys. ADC	2,500	DLA DISTRIBUTION GOVERNMENT REPRESENTATIVE RECEIVING DEPT, CODE Z0S 667 SAFEGUARD ST, BLDG 167-1 JBPHH HI 96860-5033 808-473-8000 X4961 FOB: Destination	N32253
0002	60 dys. ADC	60,000	(SAME AS PREVIOUS LOCATION) FOB: Destination	N32253

ADDITIONAL DELIVERY INFO

PLEASE ANNOTATE YOUR BEST DELIVERY SCHEDULE HERE:

_____ DAY(S) _____ WEEK(S) _____ MONTH(S)

FOB DESTINATION: ☐ YES ☐ NO

(If no, identify FOB exception and include estimated shipping costs)

CLAUSES INCORPORATED BY REFERENCE