

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

1 REQUISITION NUMBER		PAGE 1 OF 2	
2 CONTRACT NO SPM300-10-D-3333	3 AWARD/EFFECTIVE DATE 12/9/09	4 ORDER NUMBER	5 SOLICITATION NUMBER
7. FOR SOLICITATION INFORMATION CALL: Merari Rivera-Schoell		6 TELEPHONE NUMBER (No collect calls) 215-737-4238	8 OFFER DUE DATE LOCAL TIME

9 ISSUED BY DEFENSE SUPPLY CENTER PHILADELPHIA DIRECTORATE OF SUBSISTENCE 700 ROBBINS AVE ATTN: FTAS/BLDG 6 PHILADELPHIA, PA 19111-5098	10 THIS ACQUISITION IS <input 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
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11 DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE	12 DISCOUNT TERMS	13a THIS CONTRACT IS A RATED ORDER UNDER OPAS (15 CFR 700) <input type="checkbox"/>	13b RATING
15 DELIVER TO SEE SCHEDULE	16 ADMINISTERED BY SAME AS BLOCK #9	14 METHOD OF SOLICITATION <input type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP	

17a CONTRACTOR/OFFEROR US FOODSERVICE, INC.-SALEM DIVISION 502 S. CARTY ST. SALEM, MO 65560-1805	17b CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER <input type="checkbox"/>	18a PAYMENT WILL BE MADE BY DFAS COLUMBUS CENTER DFAS/CO-SEPS P.O. BOX 182317 COLUMBUS, OH 43218-6260	18b SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED <input type="checkbox"/> SEE ADDENDUM
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19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	This is an award under other than full and open competition IAW 10 U.S.C. 2304 (C)(1). All terms and conditions of contract SPM300-08-D-3033 and the administrative contract is extended under this contract. The main contract SPM300-10-D-3333 services the customers in the Missouri and surrounding area. Administrative contract SPM300-10-D-3334 services customers in the Kansas and surrounding area for (Use Reverse and/or Attach Additional Sheets as Necessary)				

25 ACCOUNTING AND APPROPRIATION DATA 25% Minimum: \$6,850,659.86	26 TOTAL AWARD AMOUNT (For Govt Use Only) \$27,402,639.44 (Est-One Year)
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<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	<input type="checkbox"/> 29 AWARD OF CONTRACT REF _____ 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) JOHN COLLIER VP FINANCE	31b NAME OF CONTRACTING OFFICER (Type or print) JOHN E. RICCIO
30c DATE SIGNED 12/7/09	31c DATE SIGNED 12/9/09

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22 UNIT	23. UNIT PRICE	24 AMOUNT
	contract period December 13, 2009 up to December 12, 2010.				

37a 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	34. VOUCHER NUMBER	35. AMOUNT VERIFIED CORRECT FOR	36. PAYMENT	
<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL			<input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	
38 S/R ACCOUNT NO.	39. S/R VOUCHER NUMBER	40 PAID BY		
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>)		
		42c. DATE REC'D (<i>YY/MM/DD</i>)		42d. TOTAL CONTAINERS

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