

REQUEST FOR QUOTATIONS			THIS RFQ <input type="checkbox"/> IS <input type="checkbox"/> IS NOT A SMALL BUSINESS SET-ASIDE		PAGE OF PAGES
1. REQUEST NO.	2. DATE ISSUED	3. REQUISITION/PURCHASE REQUEST NO.	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1		RATING
5. ISSUED BY			6. DELIVER BY (Date)		
			7. DELIVERY <input type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)		
			9. DESTINATION		
8. TO:			a. NAME OF CONSIGNEE See Schedule		
			b. STREET ADDRESS		
			c. CITY		
			d. STATE	e. ZIP CODE	
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5 ON OR BEFORE CLOSE OF BUSINESS (Date)			IMPORTANT: This is a request for information, and quotations furnished are not offers. If you are unable to quote, please so indicate on this form and return it to the address in Block 5. This request does not commit the Government to pay any costs incurred in the preparation of the submission of this quotation or to contract for supplies or services. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotations must be completed by the quoter.		
11. SCHEDULE (Include applicable Federal, State and local taxes)					

See attached schedule to complete quote information.

Quoter must also complete the following:

- a. Quotation is valid for 90 days from date specified in Block 10 above unless otherwise indicated: _____ .
- b. Prices quoted are:
- Contained in Commercial Catalog or Published Price List No. _____ dated _____ page _____ .
- Contained in Internal Price List No. _____ dated _____ , which may be examined at our facility.
- Commercial sales of comparable quantities: Quantity _____ ; Price _____ ; Customer _____ .
- Other (provide basis) _____ .
- c. FOB Point: Destination
- Origin Shipping Point (City, State) _____
- d. If delivery period shown in Block 6 is unacceptable, provide best possible delivery: _____ .
- e. Remittance Address (Name, Street, City, State, ZIP): Same as Block 13 unless otherwise indicated below:
- _____
- _____
- _____
- f. Vendor FAX Number: _____ Vendor Toll-Free Number: _____ Vendor E-mail: _____

12. DISCOUNT FOR PROMPT PAYMENT		a. 10 CALENDAR DAYS (%)	b. 20 CALENDAR DAYS (%)	c. 30 CALENDAR DAYS (%)	d. CALENDAR DAYS	
					NUMBER	PERCENTAGE
NOTE: Additional provisions and representations <input type="checkbox"/> are <input type="checkbox"/> are not attached.						
13. NAME AND ADDRESS OF QUOTER				14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION		15. DATE OF QUOTATION
a. NAME OF QUOTER CAGE						
b. STREET ADDRESS				16. SIGNER		
c. COUNTY				a. NAME (Type or print)		b. TELEPHONE
						AREA CODE
d. CITY	e. STATE	f. ZIP CODE		c. TITLE (Type of Print)		NUMBER