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|--|--|---|--|---|
| REQUEST FOR QUOTATION <i>(THIS IS NOT AN ORDER)</i> | | THIS RFQ <input type="checkbox"/> IS <input type="checkbox"/> IS NOT A SMALL BUSINESS SET-ASIDE | | PAGE OF _____ PAGES |
| 1. REQUEST NUMBER | 2. DATE ISSUED | 3. REQUISITION/PURCHASE REQUEST NUMBER | 4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1 | RATING |
| 5a. ISSUED BY | | | 6. DELIVER BY <i>(Date)</i> | |
| 5b. FOR INFORMATION CALL <i>(NO COLLECT CALLS)</i> | | | 7. DELIVERY | |
| NAME | | TELEPHONE NUMBER | | <input type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER <i>(See Schedule)</i> |
| | | AREA CODE | NUMBER | 9. DESTINATION |
| 8. TO: | | | a. NAME OF CONSIGNEE | |
| a. NAME | b. COMPANY | | b. STREET ADDRESS | |
| c. STREET ADDRESS | | | c. CITY | |
| d. CITY | e. STATE | f. ZIP CODE | d. STATE | e. ZIP CODE |
| 10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS <i>(Date)</i> | 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 5a. 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 service. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotation must be completed by the quoter. | | | |

11. SCHEDULE *(Include applicable Federal, State and local taxes)*

| ITEM NUMBER (a) | SUPPLIES/SERVICES (b) | QUANTITY (c) | UNIT (d) | UNIT PRICE (e) | AMOUNT (f) |
|--------------------|--------------------------|-----------------|-------------|-------------------|---------------|
| | | | | | |

| | | | | | |
|---------------------------------|-------------------------|-------------------------|-------------------------|------------------|------------|
| 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 are 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 | | 16. SIGNER | |
| b. STREET ADDRESS | | | |
| c. COUNTY | | a. NAME <i>(Type or print)</i> | b. TELEPHONE |
| | | | AREA CODE |
| d. CITY | e. STATE | f. ZIP CODE | c. TITLE <i>(Type or print)</i> |
| | | | NUMBER |