

1. REQUEST NO. <b>RFQ #</b>	2. DATE ISSUED	3. REQUISITION/PURCHASE REQUEST NO.	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1	RATING
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5a. ISSUED BY	6. DELIVER BY (Date)
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5b. FOR INFORMATION CALL (NO COLLECT CALLS)		7. DELIVERY
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NAME	TELEPHONE NUMBER		<input type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)
email:	AREA CODE	NUMBER	9. DESTINATION

8. TO:			a. NAME OF CONSIGNEE
a. NAME	b. COMPANY		b. STREET ADDRESS

c. STREET ADDRESS			c. CITY	
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d. CITY	e. STATE	f. ZIP CODE	d. STATE	e. ZIP CODE
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<b>10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date)</b>	<b>IMPORTANT:</b> 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.
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**11. SCHEDULE (Include applicable Federal, State and local taxes)**

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
	***** <b>REQUIREMENT(S)</b> *****				
<div style="border: 1px solid black; padding: 5px; margin-top: 20px;"> <b>CONTINUATION ON PAGE 2</b> </div>					

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		

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 or print)	NUMBER
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**CONTINUATION SHEET**

REFERENCE NO. OF DOCUMENT BEING CONTINUED

PAGES

**RFQ #**

2 of

NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
<b>CONTINUATION ON PAGE 3</b>					

**CONTINUATION SHEET**

REFERENCE NO. OF DOCUMENT BEING CONTINUED

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**RFQ #**

of

NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT