| REQUEST FOR QUOTATION (THIS IS NOT AN ORDER) | THIS RFQ ☐ IS ☒ IS NOT A SMALL BUSINESS SET-ASIDE | PAGE 1 OF PAGES 1 |
|---|---|---|

| 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 |
|---|---|---|---|---|
| PR4378863 | 08/31/2015 | PR4378863 | | |

| 5a. ISSUED BY | 6. DELIVER BY (Date) |
|---|---|
| GENERAL SERVICES OFFICE/PROCUREMENT | 10/15/2015 |

| 5b. FOR INFORMATION CALL (NO COLLECT CALLS) | | | 7. DELIVERY |
|---|---|---|---|
| NAME | TELEPHONE NUMBER | | ☐ FOB DESTINATION ☐ OTHER (See Schedule) |
| | AREA CODE | NUMBER | 9. DESTINATION |
| ENKELEJDA PLASARI | +355 | 689027938 | a. NAME OF CONSIGNEE |
| 8. TO: | | | EMBASSY OF THE UNITED STATES |
| a. NAME | b. COMPANY | | b. STREET ADDRESS: Rruga e Elbasanit |
| c. STREET ADDRESS | | | c. CITY: TIRANE |
| 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 (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 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. |
|---|---|
| 09/22/2015 | |

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

| ITEM NO. (a) | SUPPLIES/ SERVICES (b) | QUANTITY (c) | UNIT (d) | UNIT PRICE (e) | AMOUNT (f) |
|---|---|---|---|---|---|
| 1 | Construction Work as per the attached SOW. The length of the project is estimated to be 30 days. The site visit is scheduled on 9/15/2015 at 10am The deadline to submit your quote is 9/22/ 2015. | | | | |

| 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 | |
| | | | a. NAME (Type or print) | b. TELEPHONE AREA CODE |
| c. COUNTY | | | | |
| d. CITY | e. STATE | f. ZIP CODE | c. TITLE (Type or print) | NUMBER |