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
PR4720909	09/15/2015	PR4720909		

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
ENKE PLASARI	+355	689027938	a. NAME OF CONSIGNEE: EMBASSY OF THE UNITED STATES

8. TO:		
a. NAME	b. COMPANY	b. STREET ADDRESS: Rruga 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)

09/28/2015

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 NO. (a)	SUPPLIES/ SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
	Construction Work as per the attached SOW. The length of the project is estimated to be 90 days. The site visit is scheduled on Sept.21,15 at 10am The deadline to submit your quote is Sept. 28, 2015 at hrs 12:00pm.				

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