

REQUEST FOR QUOTATIONS <i>(THIS IS NOT AN ORDER)</i>	THIS RFQ <input type="checkbox"/> IS <input checked="" type="checkbox"/> IS NOT A SMALL BUSINESS- SMALL PURCHASE SET-ASIDE (52.219-4)	PAGE 1	OF 1	PAGES 1
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1. REQUEST NO. PR2754094-A001	2. DATE ISSUED 09/03/2013	3. REQUISITION/PURCHASE REQUEST NO. PR2754094-A001	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1	RATING
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5A. ISSUED BY U.S. Embassy Sofia – GSO/Procurement 16 Kozyak Street 1408 SOFIA	6. DELIVER BY <i>(Date)</i>
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5B. FOR INFORMATION CALL: <i>(Name and telephone no.) (No collect calls)</i>		7. DELIVERY	
NAME Glenn Tosten, Contracting Officer	TELEPHONE NUMBER		FOB DESTINATION OTHER <i>(See Schedule)</i>
	AREA CODE	NUMBER 02 937-5100	

8. TO:	9. DESTINATION
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a. NAME	b. COMPANY	a. NAME OF CONSIGNEE
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c. STREET ADDRESS	b. STREET ADDRESS
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d. CITY	e. STATE	f. ZIP CODE	c. CITY
			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> September 09, 2013	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 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
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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)
1.	The purpose of this amendment is to replace the phased out OSRAM products with the following new products: Osram Optotronic® Power Supply OTE 35/220-240/700 Power Supply Part # 4008321691248	72	EA		
2.	Osram Prevail® LED Core Z3 PL-Core-3000-840 25w LED Lamp Part # 4052899910874	72	EA		
ORAL OR FACSIMILE QUOTATIONS WILL NOT BE ACCEPTED.					

12 DISCOUNT FOR PROMPT PAYMENT	a. 10 CALENDAR DAYS %	b. 20 CALENDAR DAYS %	c. 30 CALENDAR DAYS %	d. CALENDAR DAYS	
				NUMBER	%

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 (Type or print)		b. TELEPHONE	
d. CITY	e. STATE	f. ZIP CODE	c. TITLE (Type or print)		AREA CODE	

				NUMBER
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