REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)	THIS RFQ ☐ IS ☒ IS NOT A SMALL BUSINESS SET-ASIDE	PAGE 1 OF PAGES 2

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
SCY600-14-Q-0032	09/19/2014			

5a. ISSUED BY
General Services Office, American Embassy Nicosia

6. DELIVER BY (Date)

5b. FOR INFORMATION CALL (NO COLLECT CALLS)

NAME	TELEPHONE NUMBER	
	AREA CODE	NUMBER
Savvas Kissopodas		22393381

7. DELIVERY ☐ FOB DESTINATION ☐ OTHER (See Schedule)

9. DESTINATION
a. NAME OF CONSIGNEE

8. TO:

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 (Date)
09/24/2014

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)
	Supply & installation of alarm systems for four (4) residences in Nicosia as per attached. TOTAL EURO All prices must be quoted without VAT FAR 52.212-1, Instructions to Offerors - Commercial Items (FEB 2012), is incorporated by reference. Award will be made to the lowest priced quoter. Date & time for receipt of quotations is September, 24 at 12:00 (noon).				

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

SCY600-14-Q-0032 Alarm Systems			
Description	**Quantities**	**Unit Price**	**Total**
I-ON40EUR Control panel	2		
I-ON50EUR Control panel	2		
Wireless expander 10 zones	3		
Wireless expander 30 zones	1		
External siren 760	4		
Rechargable battery 12V 7.2AMP	4		
GSM Dialer	4		
Boxed and tampered loud 16OHM loudspeaker	4		
Wireless door contacts	130		
Hard wired door contacts white	150		
Wireless pet tollerant motion sensors	24		
Labor and installation material	4		
TOTAL			