# REQUEST FOR QUOTATION
(THIS IS NOT AN ORDER)

THIS RFQ ☐ IS ☒ IS NOT A SMALL BUSINESS SET-ASIDE



| 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 |
|---|---|---|---|---|
| SEC-750-12-Q-0004 | 05/08/2012 | PR1776449 | | |

5a. ISSUED BY
General Services Office, Embassy of the United States, Quito, Ecuador

6. DELIVER BY (Date)

5b. FOR INFORMATION CALL (NO COLLECT CALLS)

| NAME | TELEPHONE NUMBER | |
|---|---|---|
| | AREA CODE | NUMBER |
| Edith Davis or Jose Balseca | 593 | 23985108 -23985284 |

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

8. TO:

| a. NAME | b. COMPANY | c. STREET ADDRESS | d. CITY | e. STATE | f. ZIP CODE |
|---|---|---|---|---|---|
| | | | | | |

9. DESTINATION

| a. NAME OF CONSIGNEE | b. STREET ADDRESS | c. CITY | 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.

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

| ITEM NO. (a) | SUPPLIES/ SERVICES (b) | QUANTITY (c) | UNIT (d) | UNIT PRICE (e) | AMOUNT (f) |
|---|---|---|---|---|---|
| | This Request for Quotation (RFQ) is for Construction of Kennels for the Anti Narcotics facility in the Port of Guayaquil<br>Statement of work and terms and conditions are in the attached.<br>Please submit your quotation before 16:00 o'clock (4:00 p.m.) on June 7, 2012 | | | | |

| 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 |