

**REQUEST FOR QUOTATION  
(THIS IS NOT AN ORDER)**

THIS RFQ  IS  IS NOT A SMALL BUSINESS SET-ASIDE

Page 1 of 2

1. REQUEST NO. SGT50015Q0035	2. DATE ISSUED 06/26/2015	3. REQUISITION/PURCHASE REQUEST NO. PR4389116	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1	RATING
5a. ISSUED BY AMERICAN EMBASSY GUATEMALA CITY Avenida Reforma 7-01, Zona 10, ATTN: GSO - PROCUREMENT SECTION Guatemala,			6. DELIVER BY (Date)	
5b. FOR INFORMATION CALL (NO COLLECT CALLS)				
NAME Valerie M Valdez		TELEPHONE NUMBER 502-2326-4232		7. DELIVERY _ FOB DESTINATION <input checked="" type="checkbox"/> OTHER (See Schedule)
8. TO:			9. DESTINATION a. NAME OF CONSIGNEE AMERICAN EMBASSY GUATEMALA CITY	
a. NAME N/A	b. COMPANY NOVENDOR		b. STREET ADDRESS 1a. Avenida 7-59, Zona 10, ATTN: NAS WAREHOUSE	
c. STREET ADDRESS			c. CITY GUATEMALA	
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) 07/15/2015		<b>IMPORTANT:</b> 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.		

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

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
	SEE LINE ITEMS				

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

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	<p>The American Embassy-INL-ICE requires Air Conditioner Equipment and Installation as detailed in the attached Scope of Work (SOW). In accordance to FAR Clauses, no advance payments, 30 days credit. A Site Visit will be performed on: Monday, July 13, 2015 at 9:00 ; Address: 15 Avenida 15-16 Basement Zona 01, Sistema de Protección Infantil de la Fiscalía Contra la Trata de Personas. To get access entrance we need the following data: Complete Name, Copy of DPI no later than Friday, July 3, 2015.</p> <p>Funding Information: Total: 0.00</p> <p>----- 0.00</p>	1.00	EA	0.00	0.00