

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

THIS RFQ  IS  IS NOT A SMALL BUSINESS SET-ASIDE

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1. REQUEST NO. SGT50015Q0033	2. DATE ISSUED 06/26/2015	3. REQUISITION/PURCHASE REQUEST NO. PR4420679	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) 07/20/2015		
5b. FOR INFORMATION CALL (NO COLLECT CALLS)			7. DELIVERY	
NAME Valerie M Valdez		TELEPHONE NUMBER 502-2326-4232		9. DESTINATION a. NAME OF CONSIGNEE AMERICAN EMBASSY GUATEMALA CITY
8. TO:			b. STREET ADDRESS 1a. Avenida 7-59, Zona 10, ATTN: NAS WAREHOUSE	
a. NAME N/A	b. COMPANY NOVENDOR		c. CITY GUATEMALA	
c. STREET ADDRESS			d. STATE	e. ZIP CODE
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 requires of Audio Visual Equipment as detailed in the attached Scope of Work (SOW). In Accordance of FAR Clauses, no advance payments, 30 days credit. A Site Visit will be perform on: Wednesday, July 8, 2015 at 9:00 am; 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: Complete Name, Copy of DPI no later than Monday, July 6, 2015.</p> <p>Funding Information: Total: 0.00 ----- 0.00</p>	1.00	EA	0.00	0.00