

REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)		THIS RFQ <input type="radio"/> <input type="radio"/> OT A SMALL BUSINESS SET-ASIDE		PAGE 1 OF 1 PAGES
1. REQUEST NO. SGT50015QN011	2. DATE ISSUED 29-Jul-2015	3. REQUISITION/PURCHASE REQUEST NO. PR#4554991	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1	RATING
5a. ISSUED BY U.S. EMBASSY GUATEMALA - NAS / PROCUREMENT SECTION			6. DELIVER BY (Date) To be Determine	
5b. FOR INFORMATION CALL (NO COLLECT CALLS)				
NAME Ana Luisa Turcios turciosal@state.gov		TELEPHONE NUMBER AREA CODE 502 NUMBER 2311-7010		7. DELIVERY <input type="radio"/> FOB DESTINATION <input type="radio"/> OTHER (See Schedule)
8. TO:			9. DESTINATIONS	
a. NAME	b. COMPANY	a. NAME OF CONSIGNEE U.S. EMBASSY GUATEMALA / INL		
c. STREET ADDRESS		b. STREET ADDRESS 1a. Avenida 7-59 zona 10		
d. CITY GUATEMALA, CITY		c. CITY GUATEMALA, CITY		
e. STATE GT		d. STATE GT		
f. ZIP CODE		e. ZIP CODE 1010		
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 11-Aug-2015		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)
1	IMMUNOASSAY SCREENING TEST F/TOXICOLOGY LAB PLACAS DE INMUNO-ENSAYO PARA LABORATORIO DE TOXICOLOGIA. Immunoassay plates (test) to detect in urine simultaneously any combination of drugs. <i>Placas de inmuno-ensayo para detectar simultáneamente cualquier combinación de sustancias en orina.</i> NOTE: SEE ATTACHED SPECIFICATION / VER ESPECIFICACIONES ADJUNTAS DELIVERY LOCATION: GUATEMALA CITY TERMS AND CONDITIONS: * Price should be in Quetzales * Price should include IVA * U.S. Embassy will provide IVA Exemption form * Method of payment: Credit Card , after service(s) or goods have been received.	3,000	EA	Q0.00	Q0.00
				SUB-TOTAL	Q0.00
				(-)DESCUENTO	Q0.00
				TOTAL	Q0.00

12. DISCOUNT FOR PROMPT PAYMENT <input type="checkbox"/>	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
b. STREET ADDRESS				
c. COUNTY GUATEMALA, CITY			a. NAME (Type or print)	AREA CODE
d. CITY GUATEMALA, CITY	e. STATE GT	f. ZIP CODE	c. TITLE (Type of print)	NUMBER