REQUEST FOR QUOATION (THIS IS NOT AN ORDER)	THIS RFQ ◯ ◯ NOT A SMALL BUSINESS SET-ASIDE	PAGE 1 OF PAGES 1

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
RFQ160012015	Jan/25/2016			

5a. ISSUED BY: US Embassy Guatemala/INL-G

6. DELIVER BY (Date): 2-3 weeks upon award

5b. FOR INFORMATION CALL (NO COLLECT CALLS)

NAME	TELEPHONE NUMBER	
	AREA CODE	NUMBER
Ingrid Gálvez - galvezi@state.gov		2311-7011

7. DELIVERY: ◯ FOB DESTINATION ◉ OTHER (See Schedule)

9. DESTINATIONS

a. NAME OF CONSIGNEE: US Embassy Guatemala/INL-G

b. STREET ADDRESS: 1a. Av. 7-59, Zona 10

c. CITY: Guatemala City, Guatemala

d. STATE:

e. ZIP CODE:

8. TO:

a. NAME:

b. COMPANY:

c. STREET ADDRESS:

d. CITY:

e. STATE:

f. ZIP CODE:

10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date)

February/9/2016

IMPORTANT: This is a request for information and quotations furnished ared 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	High volume scanner **NOTE: SEE ATTACHED SPECIFICATION / VER ESPECIFICA-CIONES ADJUNTAS** **DELIVERY LOCATION: 11 avenida 9-37, zone 1 Guatemala City, Guatemala** **TERMS AND CONDITIONS:** * Method of payment: **Credit Card**, after service(s) or goods have been received.	2			

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 of print)	NUMBER