

**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. SGT50016Q0010	2. DATE ISSUED 11/10/2015	3. REQUISITION/PURCHASE REQUEST NO. PR4846977	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) 12/31/2015		
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 CALLE 37-84 ZONA 11 COLONIA TOLEDO, ATTN: GSO-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) 11/30/2015		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 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	The American Embassy-INL requires Ultra Portable Projectors Equipment as detailed in the attached Scope of Work. In Accordance of FAR Clauses, no advance payments, 30 days Credit. Funding Information: Total: \$0.00 ----- \$0.00	150.00	EA	\$0.00	\$0.00