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|-----------------------------------|-------------------------------|-------------------------------------|---|
| 1. REQUEST NO.<br>RFQ2017-5848495 | 2. DATE ISSUED<br>Oct/26/2016 | 3. REQUISITION/PURCHASE REQUEST NO. | 4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1 <input type="checkbox"/> |
|-----------------------------------|-------------------------------|-------------------------------------|---|

|   |                                     |
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| 5a. ISSUED BY<br>US Embassy Guatemala/INL-G | 6. DELIVER BY (Date)<br>30-Nov-2016 |
|---|-------------------------------------|

|   |  |  |
|---|--|--|
| 5b. FOR INFORMATION CALL (NO COLLECT CALLS) |  | 7. DELIVERY<br><input type="radio"/> FOB DESTINATION <input checked="" type="radio"/> OTHER (See Schedule) |
|---|--|--|

|  |   |   |
|--|---|---|
| NAME<br>Rossana Garcia - garciamr4@state.gov | TELEPHONE NUMBER<br>AREA CODE NUMBER<br>2311-7011 | 9. DESTINATIONS<br>a. NAME OF CONSIGNEE<br>US Embassy Guatemala/INL-G |
|--|---|---|

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| 8. TO: |  | b. STREET ADDRESS<br>1a. Av. 7-59, Zona 10 |
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|         |                                      |
|---------|--------------------------------------|
| a. NAME | c. CITY<br>Guatemala City, Guatemala |
|---------|--------------------------------------|

|                   |          |             |          |             |
|-------------------|----------|-------------|----------|-------------|
| c. STREET ADDRESS | d. STATE | f. ZIP CODE | d. STATE | e. ZIP CODE |
|-------------------|----------|-------------|----------|-------------|

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| 10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date)<br><b>November/08/2016</b> | 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. |
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**11. SCHEDULE (Include applicable Federal, State and local taxes)**

| ITEM NO.<br>(a)   | SUPPLIES/SERVICES<br>(b) | QUANTITY<br>(c) | UNIT<br>(d) | UNIT PRICE<br>(e) | AMOUNT<br>(f) |
|---|--------------------------|-----------------|-------------|-------------------|---------------|
| 1   | Metal Bunk Bed           | 45              |             |                   |               |
| 2   | Metal Single Bed         | 28              |             |                   |               |
| 3   | Metal Cribs              | 28              |             |                   |               |
| 4   | Mattress for beds        | 118             |             |                   |               |
| 5   | Mattress for cribs       | 28              |             |                   |               |
| <p><b>NOTE: SEE ATTACHED SPECIFICATION / VER ESPECIFICACIONES ADJUNTAS</b></p> <p><b>DELIVERY LOCATION: Carr Al Pacifico Km 21.5, Villa Nueva, Barcenas.</b></p> <p><b>TERMS AND CONDITIONS:</b><br/>* Method of payment: <b>Credit Card</b>, after service(s) or goods have been received.</p> |                          |                 |             |                   |               |

|  |                         |                         |                         |                   |
|--|-------------------------|-------------------------|-------------------------|-------------------|
| 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 |
|--------------------------------|--|-----------------------|

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| b. STREET ADDRESS | 16. SIGNER |  |
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|           |                         |              |
|-----------|-------------------------|--------------|
| c. COUNTY | a. NAME (Type or print) | b. TELEPHONE |
|-----------|-------------------------|--------------|

|         |          |             |                          |        |
|---------|----------|-------------|--------------------------|--------|
| d. CITY | e. STATE | f. ZIP CODE | c. TITLE (Type of print) | NUMBER |
|---------|----------|-------------|--------------------------|--------|

