REQUEST FOR QUOTATION *(THIS IS NOT AN ORDER)*	THIS RFQ _ IS **x** IS NOT A SMALL BUSINESS SET-ASIDE	Page 1 of 2

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
SGT50016Q0058	07/29/2016	PR5489142		

5a. ISSUED BY: AMERICAN EMBASSY GUATEMALA CITY
Avenida Reforma 7-01, Zona 10, ATTN: GSO - PROCUREMENT SECTION
Guatemala,

6. DELIVER BY *(Date)*: 09/15/2016

5b. FOR INFORMATION CALL *(NO COLLECT CALLS)*

NAME	TELEPHONE NUMBER
Ricardo Torres	2326 4593

7. DELIVERY: _ FOB DESTINATION **X** OTHER *(See Schedule)*

9. DESTINATION

a. NAME OF CONSIGNEE: AMERICAN EMBASSY GUATEMALA CITY

8. TO:

a. NAME	b. COMPANY	b. STREET ADDRESS
N/A	NOVENDOR	1a. Avenida 7-59, Zona 10, ATTN: NAS 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)*: 08/15/2016

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				
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 or print)*	NUMBER

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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	Construction materials for Precursor Disposal Facility , per attached SOW Funding Information: Total : $0.00 ---------- $0.00	1.00	EA	$0.00	$0.00

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