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
SGT50016QN016	10-Aug-2016	PR#5609911		

5a. ISSUED BY	6. DELIVER BY (Date)
U.S. EMBASSY GUATEMALA - NAS / PROCUREMENT SECTION	To be Determine

5b. FOR INFORMATION CALL (NO COLLECT CALLS)			7. DELIVERY
NAME	TELEPHONE NUMBER		◯ FOB DESTINATION ◯ OTHER (See Schedule)
Ana Luisa Turcios turciosal@state.gov	AREA CODE: 502	NUMBER: 2311-7010	

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
			c. CITY: GUATEMALA, CITY
d. CITY: GUATEMALA, CITY	e. STATE: GT	f. ZIP CODE	d. STATE: GT / e. ZIP CODE: 1010

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

22-Aug-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 scanners / Scanners de alto volumen y rendimiento **NOTE: SEE SPECS ATTACHED /VER ESPECIFICACIONES ADJUNTAS.**	4	EA	Q0.00	Q0.00
	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.			SUB-TOTAL (-)DESCUENTO **TOTAL**	Q0.00 Q0.00 **Q0.00**

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 AREA CODE
c. COUNTY: GUATEMALA, CITY				
d. CITY: GUATEMALA, CITY	e. STATE: GT	f. ZIP CODE	c. TITLE (Type of print)	NUMBER