

**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. SGT50016Q0073	2. DATE ISSUED 08/16/2016	3. REQUISITION/PURCHASE REQUEST NO. PR5610347	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) 11/02/2016		
5b. FOR INFORMATION CALL (NO COLLECT CALLS)			7. DELIVERY	
NAME Ricardo Torres		TELEPHONE NUMBER (502) 2326 4593		X FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)
8. TO:			9. DESTINATION	
a. NAME N/A		b. COMPANY NOVENDOR		a. NAME OF CONSIGNEE AMERICAN EMBASSY GUATEMALA CITY
c. STREET ADDRESS			b. STREET ADDRESS 1a. Avenida 7-59, Zona 10, ATTN: NAS WAREHOUSE	
d. CITY			c. CITY GUATEMALA	
e. STATE		f. ZIP CODE		d. STATE
e. STATE		f. ZIP CODE		e. ZIP CODE
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5A ON OR BEFORE CLOSE OF BUSINESS (Date) 08/30/2016		<b>IMPORTANT:</b> 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

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	US Embassy Guatemala/INL requires the purchase of Software and training for National Institute of Forensic Science (INACIF) Laboratory as per attached SOW. Funding Information: Total: \$0.00 ----- \$0.00	1.00	EA	\$0.00	\$0.00