

1. REQUEST NO. RFQ10112016	2. DATE ISSUED Oct/11/2016	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 US Embassy Guatemala/INL-G	6. DELIVER BY (Date) 1 week upon award
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5b. FOR INFORMATION CALL (NO COLLECT CALLS)		7. DELIVERY <input type="radio"/> FOB DESTINATION <input checked="" type="radio"/> OTHER (See Schedule)
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NAME Ingrid Gálvez - galvezi@state.gov	TELEPHONE NUMBER AREA CODE NUMBER 2311-7011	9. DESTINATIONS a. NAME OF CONSIGNEE US Embassy Guatemala/INL-G
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8. TO:		b. STREET ADDRESS 1a. Av. 7-59, Zona 10
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a. NAME	b. COMPANY
c. STREET ADDRESS	
c. CITY Guatemala City, Guatemala	

d. CITY	e. 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) <b>October/26/2016</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. (a)	SUPPLIES/SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
1	Industrial washing machine	2	each		
2	Industrial tumble dryer	2	each		
<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> * 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
a. NAME OF QUOTER		

b. 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 of print)	NUMBER