

<b>REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)</b>		THIS RFQ <input type="radio"/> <input type="radio"/> NOT A SMALL BUSINESS SET-ASIDE		PAGE 1 OF 1 PAGES
1. REQUEST NO. RFQ10142016	2. DATE ISSUED Oct/14/2016	3. REQUISITION/PURCHASE REQUEST NO.	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1	RATING
5a. ISSUED BY US Embassy Guatemala/INL-G		6. DELIVER BY (Date) 1 week upon award		
5b. FOR INFORMATION CALL (NO COLLECT CALLS)		7. DELIVERY <input type="radio"/> FOB DESTINATION <input checked="" type="radio"/> OTHER (See Schedule)		
NAME Ingrid Gálvez - galvezi@state.gov		TELEPHONE NUMBER AREA CODE NUMBER 2311-7011		9. DESTINATIONS
8. TO:		a. NAME OF CONSIGNEE US Embassy Guatemala/INL-G		
a. NAME	b. COMPANY	b. STREET ADDRESS 1a. Av. 7-59, Zona 10		
c. STREET ADDRESS		c. CITY Guatemala 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) <b>October/28/2016</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.		

**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	<p>Medical equipment per attached anex No. 1</p> <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></p> <p>* 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			16. SIGNER		
b. STREET ADDRESS					
c. COUNTY			a. NAME (Type or print)	b. TELEPHONE	
d. CITY			c. TITLE (Type of print)		AREA CODE
e. STATE			f. ZIP CODE		NUMBER

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