

**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. SHA70013Q0001-M001	2. DATE ISSUED	3. REQUISITION/PURCHASE REQUEST NO. PR2255613	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1	RATING
5a. ISSUED BY AMERICAN EMBASSY PORT-AU-PRINCE BLVD 15 OCTOBRE-TABARRE 41, ATTN: GSO/PROCUREMENT PORT-AU-PRINCE			6. DELIVER BY (Date)	
5b. FOR INFORMATION CALL (NO COLLECT CALLS)				
NAME Lesly Durand		TELEPHONE NUMBER		
8. TO:		7. DELIVERY _ FOB DESTINATION _ OTHER (See Schedule)		
a. NAME N/A		b. COMPANY NOVENDOR		
c. STREET ADDRESS		9. DESTINATION a. NAME OF CONSIGNEE AMERICAN EMBASSY PORT-AU-PRINCE		
d. CITY		b. STREET ADDRESS BLVD 15 OCTOBRE-TABARRE 41, ATTN: GSO/WAREHOUSE		
e. STATE		c. CITY PORT-AU-PRINCE		
f. ZIP CODE		d. STATE		
g. ZIP CODE		e. ZIP CODE		
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5A ON OR BEFORE CLOSE OF BUSINESS (Date)		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			
c. COUNTY			a. NAME (Type or print)		b. TELEPHONE	
d. CITY			c. TITLE (Type or print)		AREA CODE	
e. STATE	f. ZIP CODE				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	Consular garden security upgrade. Funding Information: Total: \$0.00 ----- \$0.00	1.00	JB	\$0.00	\$0.00