

**REQUEST FOR QUOTATION
(THIS IS NOT AN ORDER)**

THIS RFQ _ IS x IS NOT A SMALL BUSINESS SET-ASIDE

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1. REQUEST NO. SHA70014Q0004	2. DATE ISSUED 09/24/2014	3. REQUISITION/PURCHASE REQUEST NO. PR3520015	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1	RATING
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5a. ISSUED BY AMERICAN EMBASSY PORT-AU-PRINCE BLVD 15 OCTOBRE-TABARRE 41, ATTN: GSO/PROCUREMENT PORT-AU-PRINCE	6. DELIVER BY (Date)
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5b. FOR INFORMATION CALL (NO COLLECT CALLS)		7. DELIVERY _ FOB DESTINATION _ OTHER (See Schedule)
NAME Lesly Durand	TELEPHONE NUMBER 3458-7316	9. DESTINATION

8. TO:		a. NAME OF CONSIGNEE AMERICAN EMBASSY PORT-AU-PRINCE
a. NAME N/A	b. COMPANY NOVENDOR	b. STREET ADDRESS BLVD 15 OCTOBRE-TABARRE 41, ATTN: GSO WAREHOUSE

c. STREET ADDRESS		c. CITY PORT-AU-PRINCE
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) 09/30/2014	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.
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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)
	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			16. SIGNER		b. TELEPHONE
STREET ADDRESS					
c. COUNTY			a. NAME (Type or print)		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	Quarterly service for 2 OTIS elevator at the Embassy Funding Information: Total: \$0.00 ----- \$0.00	1.00	EA	\$0.00	\$0.00