

|  |   |           |    |             |
|--|---|-----------|----|-------------|
| <b>REQUEST FOR QUOTATIONS</b><br><br><i>(THIS IS NOT AN ORDER)</i> | THIS RFQ [ ] IS [x] IS NOT A SMALL BUSINESS-<br><br>SMALL PURCHASE SET-ASIDE (52.219-4) | PAGE<br>1 | of | PAGES<br>56 |
|--|---|-----------|----|-------------|

|                                    |   |   |   |        |
|------------------------------------|---|---|---|--------|
| 1. REQUEST NO.<br><b>PR4979878</b> | 2. DATE ISSUED<br><b>March 03, 2016</b> | 3. REQUISITION/PURCHASE REQUEST NO.<br><b>SLA90016Q0001</b> | 4. CERT. FOR NAT. DEF. UNDER BDSA<br>REG. 2 AND/OR DMS REG. 1 | RATING |
|------------------------------------|---|---|---|--------|

|   |                      |
|---|----------------------|
| 5A. ISSUED BY<br><br>American Embassy Vientiane,<br>Ban Somvang Tai, Hatsayfong District<br>Vientiane Capital, Lao P.D.R. | 6. DELIVER BY (Date) |
|---|----------------------|

|   |  |           |        |  |
|---|--|-----------|--------|--|
| 5B. FOR INFORMATION CALL: (Name and telephone no.) (No collect calls) | 7. DELIVERY  |           |        |  |
| Alouny Sayarath<br>Procurement Supervisor<br>General Service Office   | TELEPHONE NUMBER   |           |        |  |
|   | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">AREA CODE</td> <td style="width:50%;">NUMBER</td> </tr> <tr> <td></td> <td>Tel. 487 000<br/>Fax. 488 002</td> </tr> </table> | AREA CODE | NUMBER |  |
| AREA CODE   | NUMBER   |           |        |  |
|   | Tel. 487 000<br>Fax. 488 002   |           |        |  |
| 7. DELIVERY<br>FOB DESTINATION <b>X OTHER (See Schedule)</b>          |  |           |        |  |

|        |                |
|--------|----------------|
| 8. TO: | 9. DESTINATION |
|--------|----------------|

|   |            |                      |
|---|------------|----------------------|
| a. NAME<br><b>Please fill your company information as yellow high light</b> | b. COMPANY | a. NAME OF CONSIGNEE |
|---|------------|----------------------|

|                   |                   |
|-------------------|-------------------|
| c. STREET ADDRESS | b. STREET ADDRESS |
|-------------------|-------------------|

|         |          |                           |
|---------|----------|---------------------------|
| d. CITY | e. STATE |                           |
|         |          | d. STATE      e. ZIP CODE |

|  |   |
|--|---|
| 10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5A ON OR BEFORE CLOSE OF BUSINESS (Date)<br><b>March 18, 2016</b> | <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.<br>(a) | SUPPLIES/SERVICES<br>(b)  | QUANTITY<br>(c) | UNIT<br>(d) | UNIT PRICE<br>(e) | AMOUNT<br>(f) |
|-----------------|---|-----------------|-------------|-------------------|---------------|
| 1               | Preventive maintenance on generators service<br><br>- See attached schedule<br>- Please submit quotation in US Dollar | 1               | job         |                   |               |

|                                |                          |                          |                          |                  |
|--------------------------------|--------------------------|--------------------------|--------------------------|------------------|
| 12 DISCOUNT FOR PROMPT PAYMENT | a. 10 CALENDAR DAYS<br>% | b. 20 CALENDAR DAYS<br>% | c. 30 CALENDAR DAYS<br>% | d. CALENDAR DAYS |
|                                |                          |                          |                          | NUMBER      %    |

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  |                      |
| c. COUNTY                     | a. NAME (Type or print)                             | b. TELEPHONE         |
| d. CITY                       | e. STATE  | f. ZIP CODE          |
|                               | c. TITLE (Type or print)                            | AREA CODE            |
|                               |   | NUMBER               |