REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)	THIS RFQ [X] IS [ ] IS NOT A SMALL BUSINESS SET-ASIDE	PAGE OF PAGES

1. REQUEST NO.	2. DATE ISSUED	3. REQUISITION/PURCHASE REQUEST NO.	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1	RATING
PR 1314028	07/26/2011	SONZ95011C0006		

5a. ISSUED BY	6. DELIVER BY (Date)
AMERICAN EMBASSY, WELLINGTON, NEW ZEALAND	08/25/2011

5b. FOR INFORMATION CALL (NO COLLECT CALLS)			7. DELIVERY
NAME	TELEPHONE NUMBER		[ ] FOB DESTINATION [ ] OTHER (See Schedule)
	AREA CODE	NUMBER	9. DESTINATION
SYLVIA THOMSON	04	4626056	a. NAME OF CONSIGNEE

8. TO:			
a. NAME	b. COMPANY		b. STREET ADDRESS
c. STREET ADDRESS			c. CITY
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)	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.
08/25/2011	

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.	RENOVATIONS PER ATTACHED SCOPE OF WORK - 6 GREYFRIARS CRESCENT, TAWA				
A.	FRONT ENTRY				
B.	LOUNGE/DINING ROOM				
C.	KITCHEN				
D.	MASTER ENSUITE/STORAGE CUPBOARD				
E.	MAIN BATHROOM				
F.	TOILET ROOM				
G.	MAIN FLOORS				
H.	LOWER LIVING AREA				
I.	DECK				
J.	FRONT YARD				
K.	COUNCIL APPROVAL, CONSENTS ETC.				
L.	G.S.T. @ 15%				
	BOND EXCLUDING G.S.T				

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				
b. STREET ADDRESS			16. SIGNER	
			a. NAME (Type or print)	b. TELEPHONE AREA CODE
c. COUNTY				
d. CITY	e. STATE	f. ZIP CODE	c. TITLE (Type or print)	NUMBER

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