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.	2. DATE ISSUED	3. REQUISITION/PURCHASE REQUEST NO.	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1	RATING
PR5393681	06/30/2016	PR5393681		

5a. ISSUED BY
General Services Office, Embassy of the United States, Managua

6. DELIVER BY (Date)
07/13/2016

5b. FOR INFORMATION CALL (NO COLLECT CALLS)

NAME	TELEPHONE NUMBER	
	AREA CODE	NUMBER
Caitlin Piper, General Services Officer	505	2252-7100

7. DELIVERY
☒ FOB DESTINATION ☐ OTHER (See Schedule)

8. TO:

a. NAME	b. COMPANY

c. STREET ADDRESS	d. CITY	e. STATE	f. ZIP CODE

9. DESTINATION

a. NAME OF CONSIGNEE
Embassy of the United States (GSO)

b. STREET ADDRESS
Km. 5 1/2 Carretera Sur

c. CITY
Managua

d. STATE	e. ZIP CODE
NI	N/A

10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date)
07/13/2016

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	Packing and Crating Services for Embassy of the United States, Managua (Price Schedules Format Attached in Contract Mod) Services to Include: Packing and Crating Freight Handling Forwarding Cargo Storage Customs Clearance Other Related Services For Shipments Originating From, Consigned To, Routed Through, and/or Moved Within the Geographic Area of Managua, Nicaragua	1	ea		

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

a. NAME OF QUOTER

b. STREET ADDRESS

c. COUNTY

d. CITY	e. STATE	f. ZIP CODE

14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION

15. DATE OF QUOTATION

16. SIGNER

a. NAME (Type or print)	b. TELEPHONE
	AREA CODE
c. TITLE (Type or print)	NUMBER