

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

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

Page 1 of 2

1. REQUEST NO. SPM07012Q0015	2. DATE ISSUED 3/28/2012	3. REQUISITION/PURCHASE REQUEST NO. PR1708615	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1	RATING
5a. ISSUED BY AMERICAN EMBASSY PANAMA CITY APARTADO 0816-02561, ATTN: GSO PANAMA,			6. DELIVER BY (Date) 5/31/2012	
5b. FOR INFORMATION CALL (NO COLLECT CALLS)			7. DELIVERY	
NAME Walter Williams		TELEPHONE NUMBER (507)317-5119		X FOB DESTINATION _ OTHER (See Schedule)
8. TO:			9. DESTINATION	
a. NAME 0			b. COMPANY NOVENDOR	
c. STREET ADDRESS 12601 Fair Lakes			b. STREET ADDRESS NEC - 2ND FLOOR, CLAYTON, ATTN: ODC	
d. CITY Fairfax			c. CITY PANAMA CITY	
e. STATE VA		f. ZIP CODE 22033		d. STATE
e. ZIP CODE		10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5A ON OR BEFORE CLOSE OF BUSINESS (Date) 4/25/2012		
<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. (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					AREA CODE
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	SUV 4X4 VEHICLE As per attached Specifications Funding Information: Total: \$0.00 ----- \$0.00	1.00	EA	\$0.00	\$0.00