

**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.<br>SPM07012Q0050  | 2. DATE ISSUED<br>9/12/12 | 3. REQUISITION/PURCHASE REQUEST NO.<br>PR2055473   | 4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1 | RATING   |
| 5a. ISSUED BY<br>AMERICAN EMBASSY PANAMA CITY<br>APARTADO 0816-02561, ATTN: GSO<br>PANAMA,                             |                           |  | 6. DELIVER BY (Date)<br><br>10/25/12                       |  |
| 5b. FOR INFORMATION CALL (NO COLLECT CALLS)  |                           |  | 7. DELIVERY  |  |
| NAME<br><br>Luz Castillo   |                           | TELEPHONE NUMBER<br><br>507-317-5049   |  | 9. DESTINATION<br>a. NAME OF CONSIGNEE<br>AMERICAN EMBASSY PANAMA CITY |
| 8. TO:   |                           |  | b. STREET ADDRESS<br>Apartado 6959, Attn: GSO              |  |
| a. NAME<br>0 : Fairfax   |                           | b. COMPANY<br>NOVENDOR   |  | c. CITY<br>Panama City   |
| c. STREET ADDRESS<br>12601 Fair Lakes  |                           |  | d. STATE<br>Fairfax  |  |
| d. CITY<br>Fairfax   |                           | e. STATE<br>VA   | f. ZIP CODE<br>22033                                       | e. ZIP CODE<br>0816-02561  |
| 10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5A ON OR BEFORE CLOSE OF BUSINESS (Date)<br><br>9/24/2012 |                           | <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.<br>(a) | SUPPLIES/SERVICES<br>(b) | QUANTITY<br>(c) | UNIT<br>(d) | UNIT PRICE<br>(e) | AMOUNT<br>(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

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