REQUEST FOR QUOTATION
(THIS IS NOT AN ORDER)

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

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
SPM07013Q0035	7/8/2013	PR2565844		

5a. ISSUED BY
AMERICAN EMBASSY PANAMA CITY
APARTADO 0816-02561, ATTN: GSO
PANAMA,

6. DELIVER BY *(Date)*
8/16/2013

5b. FOR INFORMATION CALL *(NO COLLECT CALLS)*

NAME	TELEPHONE NUMBER
Walter Williams	5073175119

7. DELIVERY
_ FOB DESTINATION _ OTHER *(See Schedule)*

9. DESTINATION
a. NAME OF CONSIGNEE
AMERICAN EMBASSY PANAMA CITY
b. STREET ADDRESS
AVE. DEMETRIO B. LAKAS - NEC, ATTN: IRS
c. CITY
PANAMA CITY
d. STATE
e. ZIP CODE

8. TO:

a. NAME	b. COMPANY
N/A	NOVENDOR

c. STREET ADDRESS

d. CITY	e. STATE	f. ZIP CODE

10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5A ON OR BEFORE CLOSE OF BUSINESS *(Date)*
7/22/2013

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 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
a. NAME OF QUOTER
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
NUMBER
c. TITLE *(Type or print)*

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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	Latest model automobile, SUV style, 7 seats, 4x4, A/C, tinted windows, V-6 or bigger engine, stepsides, back up and front parking sensors, Gasoline.	1.00	EA		

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