REQUEST FOR QUOTATION *(THIS IS NOT AN ORDER)*	THIS RFQ _ IS **x** IS NOT A SMALL BUSINESS SET-ASIDE	Page 1 of 2

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
SPM07016Q0001	10/30/2015	PR4826908		

5a. ISSUED BY	6. DELIVER BY *(Date)*
AMERICAN EMBASSY PANAMA CITY APARTADO 0816-02561, ATTN: GSO PANAMA,	09/30/2015

5b. FOR INFORMATION CALL *(NO COLLECT CALLS)*		7. DELIVERY
NAME	TELEPHONE NUMBER	_ FOB DESTINATION **X** OTHER *(See Schedule)*
Teresa Guardia	217-5309	9. DESTINATION
8. TO:		a. NAME OF CONSIGNEE AMERICAN EMBASSY PANAMA CITY
a. NAME N/A	b. COMPANY	b. STREET ADDRESS GSO ANNEX, CLAYTON, ATTN: PROP
c. STREET ADDRESS		c. CITY PANAMA 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)* 06/18/2015	**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	**14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION**	**15. DATE OF QUOTATION**
a. NAME OF QUOTER		
STREET ADDRESS	16. SIGNER	
	a. NAME *(Type or print)*	b. TELEPHONE
c. COUNTY		AREA CODE
d. CITY / e. STATE / f. ZIP CODE	c. TITLE *(Type or print)*	NUMBER

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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	Repair Facility Manager (FM) Office Project	1.00	EA	$	$

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