REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)	THIS RFQ ☐ IS ☐ IS NOT A SMALL BUSINESS SET-ASIDE	PAGE OF PAGES

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
PR1582166				

5a. ISSUED BY	6. DELIVER BY (Date)

5b. FOR INFORMATION CALL (NO COLLECT CALLS)			7. DELIVERY ☐ FOB DESTINATION ☐ OTHER (See Schedule)
NAME	TELEPHONE NUMBER		
	AREA CODE	NUMBER	9. DESTINATION
ALIDA VAN DE VENDEL - PROCUREMENT	+27 (12)	431-4413	a. NAME OF CONSIGNEE

8. TO:			
a. NAME	b. COMPANY		b. STREET ADDRESS
c. STREET ADDRESS			c. 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)	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)
	The U.S. Embassy Pretoria requests quotations from LANDSCAPING Firms to refurbish a residential garden area to enhance security and make the space more livable. Landscape will be divided into two portions - outside perimeter wall and inside perimeter wall. See attached Scope of Work - More detailed outlines will be explained on-site. A site-meeting to be scheduled on-site on or before January 20, 2012. Interested Firms to contact Alida v.d. Vendel on or before COB January 18, 2012 on: +27 (12) 431-4413 or via e-mail address: vandevenaj@state.gov				

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				
b. STREET ADDRESS			16. SIGNER	
			a. NAME (Type or print)	b. TELEPHONE AREA CODE
c. COUNTY				
d. CITY	e. STATE	f. ZIP CODE	c. TITLE (Type or print)	NUMBER