

<b>REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)</b>		THIS RFQ <input type="checkbox"/> IS <input type="checkbox"/> IS NOT A SMALL BUSINESS SET-ASIDE		PAGE OF PAGES
1. REQUEST NO. PR1714203	2. DATE ISSUED	3. REQUISITION/PURCHASE REQUEST NO.	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1	RATING
5a. ISSUED BY			6. DELIVER BY (Date)	
5b. FOR INFORMATION CALL (NO COLLECT CALLS)			7. DELIVERY	
NAME		TELEPHONE NUMBER		<input type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)
NOKUTHULA MTSHALI - PROCUREMENT		AREA CODE +27 (12)	NUMBER 431-4387	9. DESTINATION
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)
	<p>The U.S. Embassy Pretoria requests quotations for Conference Venue:            DATE: 16-27 APRIL 2012            PARTICIPANTS :30            Classroom facility with required space for participant 3 instructors, 2 simultaneous interpreters and observers</p> <ul style="list-style-type: none"> <li>Classroom with electricity, adjustable lighting air conditioning to support multiple computer systems and audio equipment</li> <li>Classroom must be secured overnight (course materials will be stored in the classroom and must be safeguarded)</li> <li>Internet access for the instructors</li> <li>Three (3) breakout rooms</li> </ul> <p>Quotations to be submitted before 09/16/2011 to mtshalinh@state.gov - Kindly refer to this request number as above-mentioned</p>				
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			
c. COUNTY			a. NAME (Type or print)		b. TELEPHONE	
d. CITY					AREA CODE	
e. STATE		f. ZIP CODE	c. TITLE (Type or print)		NUMBER	