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
SCE20015Q0008	06/09/2015	PR4373714		

5a. ISSUED BY	6. DELIVER BY *(Date)*
AMERICAN EMBASSY COLOMBO 210 GALLE ROAD, ATTN: GSO PROCUREMENT COLOMBO	

5b. FOR INFORMATION CALL *(NO COLLECT CALLS)*		7. DELIVERY
NAME	TELEPHONE NUMBER	_ FOB DESTINATION **X** OTHER *(See Schedule)*
Chandrika Manohara	0773476022	9. DESTINATION
8. TO:		a. NAME OF CONSIGNEE AMERICAN EMBASSY COLOMBO

a. NAME	b. COMPANY	b. STREET ADDRESS
N/A	NOVENDOR	210 GALLE ROAD, ATTN: GSO

c. STREET ADDRESS	c. CITY
	COLOMBO

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 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.
06/18/2015	

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	Supply materials and labor to paint the exterior walls of the American Center, 44 Galle Road, in accordance with attached SOW and Solicitation. Funding Information: Total: $0.00 ----------$0.00	1.00	EA	$0.00	$0.00

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