

<b>REQUEST FOR QUOTATIONS</b> <i>(THIS IS NOT AN ORDER)</i>		THIS RFQ [ ] IS [x] IS NOT A SMALL BUSINESS- SMALL PURCHASE SET-ASIDE (52.219-4)			PAGE 1	OF	PAGES
1. REQUEST NO. STT10015Q0023	2. DATE ISSUED June 30, 2015	3. REQUISITION/PURCHASE REQUEST NO. PR4467607	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1		RATING		
5A. ISSUED BY AMERICAN EMBASSY DILI Av. de Portugal Praia dos Coqueiros Dili, Timor – Leste			6. DELIVER BY (Date) June 08, 2015				
5B. FOR INFORMATION CALL: (Name and telephone no.) (No collect calls)			7. DELIVERY				
NAME Ms. Zelia do Rego, <a href="mailto:DiliProc@state.gov">DiliProc@state.gov</a>		TELEPHONE NUMBER		FOB DESTINATION		OTHER (See Schedule)	
		AREA CODE	NUMBER 3324684 - 2186				
8. TO:			9. DESTINATION				
a. NAME	b. COMPANY		a. NAME OF CONSIGNEE U.S. EMBASSY DILI				
c. STREET ADDRESS			b. STREET ADDRESS AVENIDA DE PORTUGAL				
d. CITY	e. STATE	f. ZIP CODE	c. CITY DILI				
			d. STATE	e. ZIP CODE			
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5A ON OR BEFORE CLOSE OF BUSINESS (Date)		<b>IMPORTANT:</b> 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)
	The contractor to submit quote for the detail service below:				
1.	UAB Shipment 250 lbs Air freight/Door to Port to Juba (South Sudan)	1	Service		
2.	HHE Shipment 750 lbs Air freight door to port Shipment to Juba (South Sudan)	1	Service		

12 DISCOUNT FOR PROMPT PAYMENT	a. 10 CALENDAR DAYS %	b. 20 CALENDAR DAYS %	c. 30 CALENDAR DAYS %	d. CALENDAR DAYS	
				NUMBER	%

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) Joshua Mertsch	b. TELEPHONE 332-4684 ext. 2118
d. CITY	e. STATE	f. ZIP CODE	c. TITLE (Type or print) CONTRACTING OFFICER	AREA CODE
				NUMBER