

**REQUEST FOR QUOTATION
(THIS IS NOT AN ORDER)**

THIS RFQ IS IS NOT A SMALL BUSINESS SET-ASIDE

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1. REQUEST NO. SSU40017Q0001	2. DATE ISSUED 04/23/2017	3. REQUISITION/PURCHASE REQUEST NO. PR6306440	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1 <input checked="" type="checkbox"/>	RATING
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5a. ISSUED BY AMERICAN EMBASSY KHARTOUM Kilo 10, Block 88, Soba, Khartoum, Sudan, ATTN: GSO West Khartoum SUDAN			6. DELIVER BY (Date) 05/29/2017	
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5b. FOR INFORMATION CALL (NO COLLECT CALLS)				7. DELIVERY	
NAME Mohamed Eltayeb		TELEPHONE NUMBER		<input type="checkbox"/> FOB DESTINATION <input checked="" type="checkbox"/> OTHER (See Schedule)	
		AREA CODE	NUMBER	9. DESTINATION	
			1870222923	a. NAME OF CONSIGNEE AMERICAN EMBASSY KHARTOUM	
8. TO:					

a. NAME		b. COMPANY				b. STREET ADDRESS Kilo 10, Block 88, Soba, Khartoum, Sudan, ATTN: RECEIVING	
c. STREET ADDRESS						c. CITY KHARTOUM	
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) 05/30/2017		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.					
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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)

12. DISCOUNT FOR PROMPT PAYMENT <input checked="" type="checkbox"/>	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	