

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

THIS RFQ  IS  IS NOT A SMALL BUSINESS SET-ASIDE

PAGE 1 OF 45 PAGES

1. REQUEST NO. 19GT5020Q0095	2. DATE ISSUED 08/06/2020	3. REQUISITION/PURCHASE REQUEST NO. PR9338391	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1	RATING
---------------------------------	------------------------------	--	--	--------

5a. ISSUED BY AMERICAN EMBASSY GUATEMALA CITY Avenida Reforma 7-01, Zona 10, ATTN: GSO - PROCUREMENT SECTION Guatemala GUATEMALA	6. DELIVER BY (Date) 11/30/2020
--	------------------------------------

5b. FOR INFORMATION CALL (NO COLLECT CALLS)

NAME Javier Diaz	TELEPHONE NUMBER		7. DELIVERY <input type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)
	AREA CODE	NUMBER +502 30443098	

8. TO:

a. NAME	b. COMPANY	9. DESTINATION a. NAME OF CONSIGNEE AMERICAN EMBASSY GUATEMALA CITY
---------	------------	---

c. STREET ADDRESS	b. STREET ADDRESS 7-01 AVENIDA DE LA REFORMA, ZONE 10, ATTN: GSO
-------------------	---

d. CITY	e. STATE	f. ZIP CODE	c. CITY GUATEMALA CITY	d. STATE	e. ZIP CODE
---------	----------	-------------	---------------------------	----------	-------------

10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 09/10/2020	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)

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