

REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)		THIS RFQ <input checked="" type="radio"/> NOT A SMALL BUSINESS SET-ASIDE		PAGE 1 OF 1 PAGES
1. REQUEST NO. RFQ PR9708525-2021	2. DATE ISSUED 5-Mar-2021	3. REQUISITION/PURCHASE REQUEST NO. 9708525	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1	RATING
5a. ISSUED BY Seccion de Asuntos Narcotios de la Embajada de los Estados Un			6. DELIVER BY (Date) TBD	
5b. FOR INFORMATION CALL (NO COLLECT CALLS)			7. DELIVERY <input type="radio"/> FOB DESTINATION <input type="radio"/> OTHER (See Schedule)	
NAME Brenda Barrientos		TELEPHONE NUMBER AREA CODE: 502 NUMBER: 2311-7013		9. DESTINATIONS
8. TO:			a. NAME OF CONSIGNEE	
a. NAME		b. COMPANY		b. STREET ADDRESS
c. STREET ADDRESS				c. CITY
d. CITY		e. STATE	f. ZIP CODE	d. STATE
e. ZIP CODE		d. STATE		
e. ZIP CODE		e. ZIP CODE		
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 22-Mar-2021		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)
1					
2					
3					
4					
5					
6					
7					
	Credit Card surcharge				
	SUB-TOTAL				
	IVA				
	TOTAL				

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