REQUEST FOR QUOTATION
(THE IS NOT AN ORDER)

1. REQUEST NO.: 19GT5020Q0082
2. DATE ISSUED: 08/03/2020
3. REQUISITION/PURCHASE REQUEST NO.: PR9314896
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

5b. FOR INFORMATION CALL (NO COLLECT CALLS)

NAME
Claudia M. Howell

TELEPHONE NUMBER
+50244970724

AREA CODE
NUMBER

7. DELIVERY
FOB DESTINATION
OTHER
(See Schedule)

9. DESTINATION
a. NAME OF CONSIGNEE
AMERICAN EMBASSY GUATEMALA CITY

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

c. CITY
GUATEMALA CITY

d. STATE

f. ZIP CODE

8. TO:
a. NAME
b. COMPANY

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

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) 08/21/2020

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)

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SUPPLIES/ SERVICES</th>
<th>QUANTITY</th>
<th>UNIT</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td>(b)</td>
<td>(c)</td>
<td>(d)</td>
<td>(e)</td>
<td>(f)</td>
</tr>
<tr>
<td>a. 10 CALENDAR DAYS (%)</td>
<td>b. 20 CALENDAR DAYS (%)</td>
<td>c. 30 CALENDAR DAYS (%)</td>
<td>d. CALENDAR DAYS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12. DISCOUNT FOR PROMPT PAYMENT

a. 10 CALENDAR DAYS (%) b. 20 CALENDAR DAYS (%) c. 30 CALENDAR DAYS (%) d. CALENDAR DAYS

NOTE: Additional provisions and representations are not attached.

13. NAME AND ADDRESS OF QUOTER

a. NAME OF QUOTER

b. STREET ADDRESS

c. COUNTY

d. CITY

e. STATE

14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION

16. SIGNER

a. NAME (Type or print)
b. TELEPHONE

AREA CODE

c. TITLE (Type or print)
f. ZIP CODE

15. DATE OF QUOTATION

17. D.F. PERIOD

NUMBER PERCENTAGE

AUTHORIZED FOR LOCAL REPRODUCTION

STANDARD FORM 18 (REV. 6-95)

Previous edition not usable