

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

THIS RFQ IS IS NOT A SMALL BUSINESS SET-ASIDE

PAGE 1 OF 40 PAGES

1. REQUEST NO. 19HA7020Q0013	2. DATE ISSUED 07/08/2020	3. REQUISITION/PURCHASE REQUEST NO. PR8632092	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1	RATING
---------------------------------	------------------------------	--	--	--------

5a. ISSUED BY AMERICAN EMBASSY PORT-AU-PRINCE BLVD 15 OCTOBRE-TABARRE 41, ATTN: GSO/PROCUREMENT PORT-AU-PRINCE HAITI	6. DELIVER BY (Date)
--	----------------------

5b. FOR INFORMATION CALL (NO COLLECT CALLS)		7. DELIVERY <input type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)
NAME Jerry L Etienne	TELEPHONE NUMBER	9. DESTINATION
	AREA CODE NUMBER 509 22298000	a. NAME OF CONSIGNEE AMERICAN EMBASSY PORT-AU-PRINCE

8. TO:		b. STREET ADDRESS BLVD 15 OCTOBRE-TABARRE 41, U.S. Embassy Port-Au-Prince
a. NAME	b. COMPANY	c. CITY PORT-AU-PRINCE
c. STREET ADDRESS	d. STATE	e. ZIP CODE
d. CITY	e. STATE	f. ZIP CODE

10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date)
07/22/2020

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