

REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)		THIS RFQ <input type="checkbox"/> IS <input type="checkbox"/> IS NOT A SMALL BUSINESS SET-ASIDE		PAGE 1 OF 2 PAGES
1. REQUEST NO. SGT50009Q0053	2. DATE ISSUED 8.27.2009	3. REQUISITION/PURCHASE REQUEST NO. PR698066	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1	RATING
5a. ISSUED BY US Embassy -Guatemala Procurement Section			6. DELIVER BY (Date)	
5b. FOR INFORMATION CALL (NO COLLECT CALLS)			7. DELIVERY	
NAME Valerie Valdez		TELEPHONE NUMBER		<input type="checkbox"/> FOB DESTINATION <input checked="" type="checkbox"/> OTHER (See Schedule)
AREA CODE 502		NUMBER 2326-4232		9. DESTINATION
8. TO:			a. NAME OF CONSIGNEE Embassy	
a. NAME ALL PROSPECTIVE OFFERORS		b. COMPANY		b. STREET ADDRESS Av. Reforma 7-01, Zona 10
c. STREET ADDRESS			c. CITY Guatemala	
d. CITY Guatemala		e. STATE GT	f. ZIP CODE	d. STATE GT
e. ZIP CODE 01010		10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 9.4.2009		
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	The American Embassy requests quotations for Spare Parts for Gate operators, Hy security brand, model 222 XV3, 208 volts fot its Man Trap Projects. You must include in your quotation the following data: 1. SF-18 2. Proposal and Attachment A Quotations must be submitted by 17:00 hrs. of Friday, September 04, 2009 at ValdezVm@state.gov or by fax (502) 2326-4652. *See Attachment A.				

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			c. TITLE (Type or print)		NUMBER	
e. STATE		f. ZIP CODE				