

NONAPPROPRIATED FUND REQUEST FOR QUOTATIONS (THIS IS NOT AN ORDER)

1. REQUEST NUMBER	2. DATE ISSUED	3. PURCHASE REQUEST NUMBER
4a. ISSUED BY:		5. DELIVERY BY (Date)
4b. FOR INFORMATION CALL:		6. DELIVERY TERMS
7. TO: (Name and Address, including Zip Code)		8. SHIP TO (Consignee and address, including Zip Code)

9. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE ON OR BEFORE CLOSE OF BUSINESS

10. BUSINESS CLASSIFICATION (Check appropriate boxes)

Small
 Other than Small
 Disadvantaged
 Woman-Owned

IMPORTANT: This is a request for information, and quotations furnished are not offers. If you are unable to quote, please indicate on this form and return to the address in block 4a. 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 services. Supplies are of domestic origin unless otherwise indicated by quoter. Any representation and/or certifications attached to this Request for Quotations 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 - %	10 CALENDAR DAYS - %	20 CALENDAR DAYS - %	30 CALENDAR DAYS - %	CALENDAR DAYS - %
13. NAME AND ADDRESS OF QUOTER (Street, City, State and ZIP)		14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION		15. DATE OF QUOTATION
16. NAME AND TITLE OF SIGNER (Type or print)			17. TELEPHONE NO. (include area code)	

11. SCHEDULE (Include applicable Federal, State and local taxes)

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)

* FOR OFFICIAL USE ONLY *