

REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)		THIS RFQ _ IS <input checked="" type="checkbox"/> IS NOT A SMALL BUSINESS SET-ASIDE			Page 1 of 2					
1. REQUEST NO. SHO80012Q0019		2. DATE ISSUED 2/16/2012		3. REQUISITION/PURCHASE REQUEST NO. PR1624639		4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1		RATING		
5a. ISSUED BY AMERICAN EMBASSY TEGUCIGALPA GSO, ACQUISITIONS UNIT, ATTN: GSO TEGUCIGALPA,				6. DELIVER BY (Date) 3/1/2012						
5b. FOR INFORMATION CALL (NO COLLECT CALLS)						7. DELIVERY				
NAME Mario A. Ordonez			TELEPHONE NUMBER 22369320, Ext. 4052			_ FOB DESTINATION <input checked="" type="checkbox"/> OTHER (See Schedule)				
						9. DESTINATION				
8. TO:						a. NAME OF CONSIGNEE AMERICAN EMBASSY TEGUCIGALPA				
a. NAME			b. COMPANY			b. STREET ADDRESS ATTN: GSO				
c. STREET ADDRESS						c. CITY TEGUCIGALPA				
d. CITY			e. STATE		f. ZIP CODE		d. STATE		e. ZIP CODE	
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5A ON OR BEFORE CLOSE OF BUSINESS (Date) 2/24/2012, 10:00 AM				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 services. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations 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)	
	SEE LINE ITEMS									
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 [X] 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										
STREET ADDRESS					16. SIGNER					
					a. NAME (Type or print)			b. TELEPHONE		
c. COUNTY								AREA CODE		
d. CITY	e. STATE		f. ZIP CODE		c. TITLE (Type or print)			NUMBER		

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	Generator as per the attached specs, to be delivered on March 1st, 2012 Funding Information: Total: \$0.00 ----- \$0.00	1.00	EA	\$0.00	\$0.00
2	Generator as per attached specs, to be delivered on March 20th, 2012. Funding Information: Total: \$0.00 ----- \$0.00	1.00	EA	\$0.00	\$0.00

Note: This contract can be awarded to more than one vendor