

REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)		THIS RFQ <input checked="" type="checkbox"/> IS <input type="checkbox"/> IS NOT A SMALL BUSINESS SET-ASIDE		PAGE OF PAGES 01 12
1. REQUEST NO. N00173-14-Q-0136	2. DATE ISSUED 02/24/2014	3. REQUISITION/PURCHASE REQUEST NO. 57-2049-14	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1	RATING
5a. ISSUED BY Supply Officer (Code 3410) NRL Washington DC 20375-5329			6.-DELIVER-BY (Date) 04/04/2014	
5b. FOR INFORMATION CALL (NO COLLECT CALLS)			7. DELIVERY <input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)	
NAME Cynthia V. Offutt		TELEPHONE NUMBER AREA CODE: 202 NUMBER: 767-3452		9. DESTINATION
8. TO:			a. NAME OF CONSIGNEE Naval Research Laboratory	
a. NAME All Quoters		b. COMPANY		b. STREET ADDRESS 4555 Overlook Ave SW
c. STREET ADDRESS			c. CITY Washington	
d. CITY	e. STATE	f. ZIP CODE		d. STATE DC
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 03/05/2014		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)
	See attached continuation sheets				

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

CONTINUATION SHEET

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NAME OF OFFEROR CONTRACTOR

All Quoters

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
001	<p>Item #P38F-8S1Z-HW Quad Port, 850Nm, Optical Transceiver, Mil-Dt1-38999 Size 23-21, Olive Drab, DC to 1MHz TTL, N Key,</p> <p>Brand Name or Equal</p> <p>If available please include a published price list or a cost breakdown and return the RFQ packages to the following fax # 202-767-3875</p> <p>Any questions concerning this Request for Quotation (RFQ) must be emailed to SolQnA@nrl.navy.mil at least five (5) days before the closing date shown in block 10 on page 1 of this RFQ</p>	20	ea		