

1. REQUEST NO. N00173-14-Q-0468	2. DATE ISSUED 10/01/2014	3. REQUISITION/PURCHASE REQUEST NO. 71-0318-14	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1
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5a. ISSUED BY Supply Officer (Code 3410) NRL Washington DC 20375-5329	6. DELIVER BY (Date) TBD
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5b. FOR INFORMATION CALL (NO COLLECT CALLS)	7. DELIVERY
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a. NAME Georgianna Romero	TELEPHONE NUMBER	<input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)
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8. TO:	9. DESTINATION	a. NAME OF CONSIGNEE
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a. NAME All Quoters	b. COMPANY	b. STREET ADDRESS 4555 Overlook Ave SW
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c. STREET ADDRESS	c. CITY	d. STATE e. ZIP CODE DC 20375
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d. CITY	e. STATE	f. ZIP CODE
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10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 10/10/2014	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.
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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 sheet.					

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

CONTINUATION SHEET

N00173-14-Q-0468

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NAME OF OFFEROR CONTRACTOR

All Quoters

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001	M-Flex 3D Material Printing System, accessories, training and warranty (details are described in Attachment 1 Specifications & Requirements.	1	ea		
0002	Machine Wear Part Kit, replacement seals filters and tubing	1	ea		
0003	Item #3100408, New Printhead (4 modules)	1	ea		
0004	Recoater Oscillator Assembly for Exchange	1	ea		
<p>ITEMS MUST BE BRAND NAME OR EQUAL.</p>					
<p>If available please include a published price list or a cost breakdown and return the RFQ package to the Contracting Officer, Georgianna Romero at the following email address: georgianna.romero@nrl.navy.mil or by fax to (202)767-3793.</p>					
<p>Any questions concerning this Request for Quotation (RFQ) must be e-mailed to SolQnA@nrl.navy.mil at least five (5) days before the closing date shown in block 10 on page 1 of RFQ.</p>					