

1. REQUEST NO. N00173-14-Q-0039	2. DATE ISSUED 12/04/2013	3. REQUISITION/PURCHASE REQUEST NO. 57-4026-13	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1	RATING
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5a. ISSUED BY Supply Officer (Code 3410) NRL Washington DC 20375	6. DELIVER BY (Date) 01/13/2014
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5b. FOR INFORMATION CALL (NO COLLECT CALLS)		7. DELIVERY
NAME Kimala R. Winfield	TELEPHONE NUMBER	<input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)
	AREA CODE 202	NUMBER 767-2819

8. TO:		9. DESTINATION
a. NAME All Quoters	b. COMPANY	a. NAME OF CONSIGNEE Naval Research Laboratory
c. STREET ADDRESS		b. STREET ADDRESS 4555 Overlook Avenue, SW

d. CITY Washington		c. CITY Washington	d. STATE DC	e. ZIP CODE 20375-5329
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10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 12/11/2013	<b>IMPORTANT:</b> This is a request for information, and quotations furnished are not officers. 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 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

NAME OF OFFEROR CONTRACTOR

All Quote

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001	<p>LP Dewpoint Monitor The Model 7148 Consists Of: P/N 7006-G503 Control Box P/N 7540-G501 Manifold P/N 8639-G501 Sensor Assembly</p> <p>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 following fax number 202-767-1708.</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>	4	EA		