

REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)			THIS RFO <input checked="" type="checkbox"/> IS <input type="checkbox"/> IS NOT A SMALL BUSINESS SET-ASIDE			PAGE OF PAGES 1 11		
1. REQUEST NO. N00173-14-Q-0073		2. DATE ISSUED 01/06/14		3. REQUISITION/PURCHASE REQUEST NO. 81-0605-14		4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1		
5a. ISSUED BY Contracting Officer, NRL, Code 3411 Washington DC 20375						6. DELIVER BY (Date) 90 days		
5b. FOR INFORMATION CALL (NO COLLECT CALLS)						7. DELIVERY		
NAME Lillian Moore			TELEPHONE NUMBER			<input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)		
			AREA CODE 202		NUMBER 767-3320		9. DESTINATION	
8. TO:						a. NAME OF CONSIGNEE NRL Pomonkey Field Site		
a. NAME To all Quoters			b. COMPANY			b. STREET ADDRESS Bumpy Oak Road		
c. STREET ADDRESS						c. CITY LaPlata		
d. CITY			e. STATE		f. ZIP CODE		d. STATE MD	
							e. ZIP CODE 20646	
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 01/17/14			IMPORTANT: 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.					
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 <input type="checkbox"/> are <input type="checkbox"/> 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								
b. STREET ADDRESS					16. SIGNER			
c. COUNTY					a. NAME (Type or print)		b. TELEPHONE	
							AREA CODE	
d. CITY			e. STATE	f. ZIP CODE	c. TITLE (Type or print)		NUMBER	

NAME OF OFFEROR CONTRACTOR

To all Quoters

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001	Amplifier, Model #AMF-2F-00800250-06-10P or equal	2	ea		
0002	Amplifier, Model #AMF-3F-02000400-05-10P or equal	2	ea		
0003	Amplifier, Model #AMF--4F-08500960-09-12P or equal	2	ea		
0004	Amplifier, Model #AMF-3F-01500250-06-10P or equal	2	ea		
0005	Amplifier, Weatherproof LNA SATCOM, Model #AMFW-5S-07001000-120-WR112G or equal	1	ea		
0006	Amplifier, Weatherproof LNA SATCOM, Model #AMFW-5S-05500840-95-CPR137 or equal	2	ea		
0007	Amplifier, Weatherproof LNA SATCOM with Fault Alarm, Model #AMFW-5S-03500550-75-F or equal	1	ea		
	<p>See attached specifications for line items 001 - 007 (Attachment #1)</p> <p>Please fax quotation to Lillian Moore @202-767-1708 or email to: lillian.moore@nrl.navy.mil. You may also fedex to: Naval Research Laboratory, 4555 Overlook Ave SW, Code 3411, Washington DC 20375</p> <p>Any questions concerning this Request for Quotation (RFQ) should be emailed to SolQnA@nrl.navy.mil prior to the closing date shown in Block 10 on page 1 of this RFQ.</p> <p>Please attach a published price list or a cost breakdown to the quotation.</p>				