

REQUEST FOR QUOTATION
(THIS IS NOT AN ORDER)

THIS RFO IS IS NOT A SMALL BUSINESS SET-ASIDE

PAGE OF PAGES
1 12

1. REQUEST NO. N00173-14-Q-0386
2. DATE ISSUED 09/05/14
3. REQUISITION/PURCHASE REQUEST NO. 61-0908-14
4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1

5a. ISSUED BY Supply Officer (Code 3410)NRL Washington DC 20375-5329
5b. FOR INFORMATION CALL (NO COLLECT CALLS)
6. DELIVER BY (Date) TBD

NAME Lillian M Moore
TELEPHONE NUMBER
AREA CODE 202 NUMBER 767-3320
7. DELIVERY FOB DESTINATION OTHER (See Schedule)
9. DESTINATION

8. TO:
a. NAME To all Quoters
b. COMPANY
a. NAME OF CONSIGNEE Naval Research Laboratory
b. STREET ADDRESS 4555 Overlook Ave SW

c. STREET ADDRESS
c. CITY Washington
d. CITY
e. STATE DC f. ZIP CODE 20735

10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 09/15/14
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 are are not attached.
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
a. NAME OF QUOTER
b. STREET ADDRESS
c. COUNTY
d. CITY
e. STATE
f. ZIP CODE
14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION
15. DATE OF QUOTATION
16. SIGNER
a. NAME (Type or print)
b. TELEPHONE AREA CODE
c. TITLE (Type or print)
NUMBER

NAME OF OFFEROR CONTRACTOR
 To all Quoters

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001	iRaman 785nm Raman Spectrometer Part #952-00026, brand name or equal	1	ea		
0002	Raman Glass Cell Kit Part #990-00334, brand name or equal	1	ea		
0003	Immersion Probe for Raman Spectroscopy (12mm) Part #972-00009, brand name or equal	1	ea		
0004	Raman Height Adjustment Kit Part #992-00105, brand name or equal	1	ea		
<p>Please fax quotation to Lillian Moore @202-767-1708 or email to: lillian.moore@nrl.navy.mil. You may also FEDEX to: Attn: Lillian Moore, Naval Research Laboratory, 4555 Overlook Ave, SW, Code 3411, Washington DC 20375.</p> <p>Note: Any questions concerning this Request for Quotation (RFQ) should be emailed to SolQnA@nrl.navy.mil at least five (5) days 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>					