

<b>REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)</b>			THIS RFO <input checked="" type="checkbox"/> IS <input type="checkbox"/> IS NOT A SMALL BUSINESS SET-ASIDE		PAGE OF PAGES 1 OF 12
1. REQUEST NO. N00173-14-Q-0328	2. DATE ISSUED 08-04-2014	3. REQUISITION/PURCHASE REQUEST NO. 63-6174-14	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1		RATING
5a. ISSUED BY Naval Research Laboratory(Supply Officer) Code 3410			6. DELIVER BY (Date) TBD		
5b. FOR INFORMATION CALL (NO COLLECT CALLS)			7. DELIVERY		
NAME Nicole Coleman		TELEPHONE NUMBER		<input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)	
AREA CODE 202		NUMBER 767-2474		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	e. ZIP CODE
				DC	20375
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 08/14/2014			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 sheets				

12. DISCOUNT FOR PROMPT PAYMENT <input type="checkbox"/>	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 Quoters

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
001	Magneto-Optic thick film crystal, AR coated 1550nm Part No. MPTA-11-AA-1550	10	EA		
002	Magneto-Optic thick film crystal, AR coated 1200nm Part No. MPTA-11-AA-1200	10	EA		
003	Magneto-Optic thick film crystal, uncoated Part No. MPTA-11-UU	10	EA		
	<p>Brand name or equal</p> <p>If available please include published price list or a cost breakdown and return RFQ package to the following fax number (202) 767-0367 or email nicole.coleman@nrl.navy.mil.</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 the RFQ.</p>				