

REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)		THIS RFQ <input checked="" type="checkbox"/> IS <input type="checkbox"/> IS NOT A SMALL BUSINESS SET-ASIDE	PAGE OF PAGES 1 12
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1. REQUEST NO. N00173-14-Q-0245	2. DATE ISSUED 06/06/2014	3. REQUISITION/PURCHASE REQUEST NO. 56-2111-14	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 20375-5329		6. DELIVER BY (Date) 06/30/2014		
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5b. FOR INFORMATION CALL (NO COLLECT CALLS)		7. DELIVERY		
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NAME Suzanne M Weber		TELEPHONE NUMBER		<input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)
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8. TO:		9. DESTINATION		
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a. NAME All Quoters		b. COMPANY		a. NAME OF CONSIGNEE Naval Research Laboratory
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c. STREET ADDRESS		b. STREET ADDRESS 4555 Overlook Ave SW		
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d. CITY Washington		c. CITY Washington		
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d. CITY		e. STATE DC	f. ZIP CODE 20375	d. STATE DC	e. ZIP CODE 20375
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10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 06/16/2014		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	
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a. NAME OF QUOTER		16. SIGNER			
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b. STREET ADDRESS		a. NAME (Type or print)		b. TELEPHONE	
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c. COUNTY		c. TITLE (Type or print)		AREA CODE	
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d. CITY		e. STATE	f. ZIP CODE	NUMBER	
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CONTINUATION SHEET

N00173-14-Q-0245

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NAME OF OFFEROR CONTRACTOR

All Quoters

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
001	MATLAB (MLALL) MatLab Software Part No: MATLAB	4	ea		
002	First Year MathWorks Software Maintenance Service Brand Name or Equal If available please include a published price list or a cost breakdown and return RFQ package to the following fax number (202) 767-1708. If emailing quote send to suzanne.weber@nrl.navy.mil . 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.	1	yr		