

<b>REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)</b>			THIS RFQ <input checked="" type="checkbox"/> IS <input type="checkbox"/> IS NOT A SMALL BUSINESS SET-ASIDE		PAGE OF PAGES 1   16
1. REQUEST NO. N00173-15-Q-0280	2. DATE ISSUED 06/02/15	3. REQUISITION/PURCHASE REQUEST NO. 56-9106-15	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1		RATING
5a. ISSUED BY Supply Officer (Code 3410) NRL Washington DC 20375-5329			6. DELIVER BY (Date) TBD		
5b. FOR INFORMATION CALL (NO COLLECT CALLS)			7. DELIVERY <input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)		
NAME Cheryl Benthall		TELEPHONE NUMBER AREA CODE: 202 NUMBER: 767-0288		9. DESTINATION	
8. TO:			a. NAME OF CONSIGNEE Naval Research Laboratory		
a. NAME All Quoters		b. COMPANY		b. STREET ADDRESS 4555 Overlook Ave SW Bldg 49	
c. STREET ADDRESS			c. CITY Washington		
d. CITY		e. STATE DC	f. ZIP CODE 20375-5329		
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 06/12/15		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.			

**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 CONTINUATION SHEET				

12. DISCOUNT FOR PROMPT PAYMENT	a. 10 CALENDAR DAYS (%) <input type="checkbox"/>	b. 20 CALENDAR DAYS (%) <input type="checkbox"/>	c. 30 CALENDAR DAYS (%) <input type="checkbox"/>	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. STREET ADDRESS					a. NAME (Type or print)
c. COUNTY					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
0001	<p>High Resolution Time-of-Flight Aerosol Mass Spectrometer system for sub-micron aerosol sizing and chemical analysis</p> <p>Stock # HR-ToF-AMS</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)767-6678.</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>	1	Ea		