

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 1 OF 11 PAGES
1. REQUEST NO. N00173-12-Q-0285	2. DATE ISSUED 08/08/2012	3. REQUISITION/PURCHASE REQUEST NO. 68-4120-12	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) 09/20/2012	
5b. FOR INFORMATION CALL (NO COLLECT CALLS)			7. DELIVERY	
NAME Cheryl Benthall		TELEPHONE NUMBER AREA CODE: 202 NUMBER: 767-0288		<input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)
8. TO:			9. DESTINATION	
a. NAME All Quoters		b. COMPANY		a. NAME OF CONSIGNEE Naval Research Laboratory
c. STREET ADDRESS			b. STREET ADDRESS 4555 Overlook Ave SW	
d. CITY			c. CITY Washington	
e. STATE		f. ZIP CODE		d. STATE DC
e. STATE		f. ZIP CODE		e. ZIP CODE 20375
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 08/17/2012		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 attached 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. TELEPHONE	
b. STREET ADDRESS					AREA CODE	
c. COUNTY			a. NAME (Type or print)		NUMBER	
d. CITY			c. TITLE (Type or print)			
e. STATE		f. ZIP CODE				

CONTINUATION SHEET

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NAME OF OFFEROR CONTRACTOR

All Quoters

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001	Blue M Inert Gas Oven, 11 cu.ft., F4 Control- as per Attachment 1 Model No: IGF8880EF4	1	EA		
0002	Maintenance Kit for Model #IGF-8880E Part #:810187	1	EA		
<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)767-3793.</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>					