

<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 01   11
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1. REQUEST NO. N00173-12-Q-0251	2. DATE ISSUED 07/16/2012	3. REQUISITION/PURCHASE REQUEST NO. 81-2056-12	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) 08/24/2012
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5b. FOR INFORMATION CALL (NO COLLECT CALLS)		7. DELIVERY <input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)
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NAME Cynthia V. Offutt	TELEPHONE NUMBER AREA CODE: 202 NUMBER: 767-3452	9. DESTINATION a. NAME OF CONSIGNEE Naval Research Laboratory
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8. TO: a. NAME All Quoters	b. COMPANY	b. STREET ADDRESS 4555 Overlook Avenue SW
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c. STREET ADDRESS	c. CITY Washington
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d. CITY	e. STATE DC	f. ZIP CODE 20375-5329	d. STATE DC	e. ZIP CODE 20375-5329
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10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 07/24/2012	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.
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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 sheets				

12. DISCOUNT FOR PROMPT PAYMENT	a. 10 CALENDAR DAYS (%)	b. 20 CALENDAR DAYS (%)	c. 30 CALENDAR DAYS (%)	d. CALENDAR DAYS NUMBER   PERCENTAGE
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NOTE: Additional provisions and representations  are  are not attached.

13. NAME AND ADDRESS OF QUOTER a. NAME OF QUOTER	14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION	15. DATE OF QUOTATION
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b. STREET ADDRESS	16. SIGNER	
c. COUNTY	a. NAME (Type or print)	b. TELEPHONE AREA CODE

d. CITY	e. STATE	f. ZIP CODE	c. TITLE (Type or print)	NUMBER
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**NAME OF OFFEROR CONTRACTOR**

All Quoters

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
001	Digital Attenuators DVAT-0518-60-8-SK-193  Brand Name or Equal  If available please include a published price list or a cost breakdown and return the RFQ package to the following fax number 202-767-3875/6675.  Any questions concerning this Request for Quotation (RFQ) must be emailed to SolQnA@nrl.navy.mil at least five (5) days before the closing date shown in block 10 on page 1 of this RFQ.	15	ea		