REQUEST FOR QUOTATION
(THIS IS NOT AN ORDER)

THIS RFQ [X] IS [ ] IS NOT A SMALL BUSINESS SET-ASIDE

1. REQUEST NO.	2. DATE ISSUED	3. REQUISITION/PURCHASE REQUEST NO.	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1	RATING
N00173-12-Q-0200	06/11/2012	68-4067-12		

5a. ISSUED BY: Supply Officer (Code 3410) NRL Washington DC 20375

6. DELIVER BY *(Date)*: 07/23/2012

5b. FOR INFORMATION CALL *(NO COLLECT CALLS)*

NAME	TELEPHONE NUMBER	
	AREA CODE	NUMBER
Donna Speight	202	767-0105

7. DELIVERY: [X] FOB DESTINATION [ ] OTHER *(See Schedule)*

9. DESTINATION

a. NAME OF CONSIGNEE: Naval Research Laboratory

b. STREET ADDRESS: 4555 Overlook Ave SW

c. CITY: Washington

d. STATE: DC e. ZIP CODE: 20375

8. TO:

a. NAME: ALL QUOTERS

b. COMPANY:

c. STREET ADDRESS:

d. CITY: e. STATE: f. ZIP CODE:

10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS *(Date)*: 06/22/2012

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	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

a. NAME OF QUOTER

b. STREET ADDRESS

c. COUNTY

d. CITY e. STATE f. ZIP CODE

14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION

15. DATE OF QUOTATION

16. SIGNER

a. NAME *(Type or print)*

b. TELEPHONE AREA CODE NUMBER

c. TITLE *(Type or print)*

NAME OF OFFEROR CONTRACTOR

ALL QUOTERS

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001	E8364BU-221 - Upgrade E8364B to E8364C Part no. E8257BU-221	2	EA		
0002	E8364-60026 - 1.1 GHz CPU replacement kit Part no. E8364-60026	2	EA		
0003	H5170AZ-10 – TM Custom Support Plan Custom hardware installation Part no. H5170AZ	1	EA		
0004	E8364B/SG3040137 Onsite System Verification. Part no. E8364B/SG4304013	1	EA		
0005	E8364B/US4225011 Onsite System Verification. Part no E8364B/US4225011	1	EA		
	BRAND 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) 767-6678.				
	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 the RFQ.				