

**REQUEST FOR QUOTATION
(THIS IS NOT AN ORDER)**

THIS RFQ IS IS NOT A SMALL BUSINESS SET-ASIDE

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1. REQUEST NO. N00173-12-Q-0027	2. DATE ISSUED 11/25/11	3. REQUISITION/PURCHASE REQUEST NO. 81-4014-12	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

6. DELIVER BY (Date)
12/30/11

5b. FOR INFORMATION CALL (NO COLLECT CALLS)

NAME Georgianna Romero	TELEPHONE NUMBER AREA CODE: 202 NUMBER: 767-2022	7. DELIVERY <input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)
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8. TO:

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 Avenue SW
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d. CITY Washington	c. CITY Washington
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d. CITY	e. STATE DC	f. 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)
12/5/11

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
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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 AREA CODE	
b. STREET ADDRESS					
c. COUNTY		a. NAME (Type or print)		NUMBER	
d. CITY		e. STATE		f. ZIP CODE	
		c. TITLE (Type or print)			

CONTINUATION SHEET

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NAME OF OFFEROR CONTRACTOR

All Quoters

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
001	4 Channel I U GIGEXD Chassis, P/N ICE-IU-GIGEXD-4C	1	EA		
002	High Gain Zeta Tuner- To be installed in 4C GIGEXD Chassis, P/N Z0609 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)767-6678. 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.	1	EA		