

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-0314	2. DATE ISSUED 8/31/09	3. REQUISITION/PURCHASE REQUEST NO. 55-4249-12	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) 10/15/12	
5b. FOR INFORMATION CALL (NO COLLECT CALLS)			7. DELIVERY <input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)	
NAME Ruth V. Dixon		TELEPHONE NUMBER AREA CODE: 202 NUMBER: 404-1708		9. DESTINATION
8. TO: a. NAME: All Quoters b. COMPANY:			a. NAME OF CONSIGNEE Naval Research Laboratory	
c. STREET ADDRESS			b. STREET ADDRESS 4555 Overlook Ave SW Bldg 49	
d. CITY			c. CITY Washington	
e. STATE		f. ZIP CODE		d. STATE: DC e. ZIP CODE: 20375-5329
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 9/11/12		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 sheets				

12. DISCOUNT FOR PROMPT PAYMENT <input type="checkbox"/>	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 <input type="checkbox"/> are <input type="checkbox"/> are not attached.			14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION		15. DATE OF QUOTATION
13. NAME AND ADDRESS OF QUOTER			16. SIGNER		b. TELEPHONE
a. NAME OF QUOTER					
b. STREET ADDRESS					
c. COUNTY					
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	200 FT Duplex 50/125 Multimode Aqua OM4 Plenum Jumper Cable	30	EA		
0002	200 FT Cat6E Shielded Blue No Boot	55	EA		
0003	150 FT Duplex 50/125 Multimode OM2 SC/SC Plenum Jumper Cable	10	EA		
0004	150 FT Duplex 50/125 Multimode Aqua OM4 LC/LC Plenum Jumper Cable	15	EA		
0005	150 FT ST-ST Single Mode Fiber	6	EA		
0006	150 FT Cat6E Shielded No Boot Blue	30	EA		
0007	125 FT Duplex 50/125 Multimode OM2 SC/SC Plenum Jumper Cable	10	EA		
0008	125 FT Duplex 50/125 Multimode Aqua OM4 LC/LC Plenum Jumper Cable	15	EA		
0009	125 FT ST-ST Single Mode Fiber	6	EA		
0010	125 FT CAT6E Shielded	30	EA		
0011	249598:2M Duplex 62.5/125 Multimode LC/LC Riser Jumper Red Cable	5	EA		
0012	266364: 2M Duplex 62.5/125 Multimode LC/LC Plenum Jumper Green Cable with Clips	5	EA		
<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>					