

REQUEST FOR QUOTATION <i>(THIS IS NOT AN ORDER)</i>		THIS RFO <input checked="" type="checkbox"/> IS <input type="checkbox"/> IS NOT A SMALL BUSINESS SET-ASIDE		PAGE 1 OF 12 PAGES
1. REQUEST NO. N00173-04-Q-0110	2. DATE ISSUED 6/14/04	3. REQUISITION/PURCHASE REQUEST NO. 82-4188-04	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1	RATING DO-C9
5a. ISSUED BY Contracting Officer, NRL 4555 Overlook Ave., S.W. Washington, D.C. 20375			6. DELIVER BY (Date) 7/19/04	
5b. FOR INFORMATION CALL: (NO COLLECT CALLS)				
NAME Cynthia V. Offutt Code 3411		TELEPHONE NUMBER AREA CODE 202 NUMBER 767-3452		7. DELIVERY <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., S.W. Bldg 49	
d. CITY			c. CITY Washington	
e. STATE		f. ZIP CODE		d. STATE DC
e. ZIP CODE		20375		
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 6/24/04		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 (%)	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			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			b. TITLE (Type or print)			
e. STATE		f. ZIP CODE				

CONTINUATION SHEET

N00173-04-Q-0110

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NAME OF OFFEROR CONTRACTOR

All Quoters

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
001	<p>3 Terabyte 3U Dual Pentium Xeon Server Upto 3.00 Terabyte Capacity 3U With Options Model # LNF-3T3U-12-SATA</p> <p>(Brand Name or Equal)</p> <p>Note: Please Fax quotation to: Cynthia V. Offutt @ 202-767-1708 or Fed Ex to: Naval Research Laboratory, 4555 Overlook Ave, S.W. Washington DC 20375</p> <p>Note: Any questions concerning this RFQ should be e-mailed to this account SolQnAlabmis.nrl.navy.mil five (5) days prior to the closing date in block 10 of the RFQ</p> <p>Please attach a Published Price List or Cost Breakdown to the Quotation.</p>	2	ea		