REQUEST FOR QUOTATION
(THIS IS NOT AN ORDER)

THIS RFQ [ ] 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
N00173-04-Q-0164	9-3-04	68-8064-04		DO-C9

5a. ISSUED BY
Supply Division, Naval Research Laboratory, Washington DC 20375 5329

6. DELIVER BY *(Date)*

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

NAME	TELEPHONE NUMBER	
	AREA CODE	NUMBER
Margaret Morton Code 3411	202	767-1993

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

9. DESTINATION
a. NAME OF CONSIGNEE
Naval Research Laboratory

8. TO:

a. NAME	b. COMPANY	b. STREET ADDRESS
All Quoters		4555 Overlook Avenue SW, Bldg 49

c. STREET ADDRESS	c. CITY
	Washington

d. CITY	e. STATE	f. ZIP CODE	c. STATE	e. ZIP CODE
			DC	20375 5329

10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS *(Date)*
9-13-04

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 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			14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION	15. DATE OF QUOTATION
a. NAME OF QUOTER				
b. STREET ADDRESS			16. SIGNER	
			a. NAME *(Type or print)*	b. TELEPHONE AREA CODE
c. COUNTY				
d. CITY	e. STATE	f. ZIP CODE	c. TITLE *(Type or print)*	NUMBER

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STANDARD FORM 18 (Rev. 6-95) (EG)
Prescribed by GSA-FAR (48 CFR) 53.215-1(a)

STANDARD FORM 36 JULY 1966 GENERAL SERVICES ADMINISTRATION FED. PROC. REG. (41 CFR) 1-16.101	CONTINUATION SHEET	REF. NO. OF DOC. BEING CONT'D N00173-04-Q-0164	PAGE 2 OF 12

NAME OF OFFEROR CONTRACTOR

All Quoters

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001	Silane Gas Cylinder Cabinet Brand name or Equal See Attachment 1 specifications for Silane Gas Cylinder Cabinet Please include a published price list or a cost breakdown and return the RFQ package to the following fax number 202-767-6678 or 202-767-0685. Any questions concerning this Request for Quotation (RFQ) must be emailed to SolQnA@condor.nrl.navy.mil at least five (5) days before closing date shown in block 10 on page 1 of RFQ.	1	ea		