REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)				THIS RFQ [ls	S NOT A SMALL BU	JSINESS S	ET-ASIDE	PAGE OF	PAGES	
1. REQUEST N	. REQUEST NUMBER 2. DATE ISSUED			3. REQUISITION/PURCHASE REQUEST NUMBER			4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1				
5a. ISSUED BY		'		<u>'</u>			6. DELIVI	ER BY (Date)	•		
	5h	EOD INFORM	ATION CALL //	NO COLLECT C	A11 (S)		7. DELIVI	=RY			
5b. FOR INFORMATION CALL (NO COLLECT CALLS) NAME TELEPHOI						NE NUMBER FOB DESTINATION OTHER (See Schedule)					
					NUME		9. DESTINATION				
							a. NAME	OF CONSIGNEE			
			8. TO:	•	•						
a. NAME b. COMPA					PANY			b. STREET ADDRESS			
c. STREET ADI	DRESS						c. CITY				
d. CITY				e. STATE f. ZIP CODE			d. STATE e. ZIP CODE				
ISSUING O	IRNISH QUOTATIC FFICE IN BLOCK 5 LOSE OF BUSINES	a ON OR SS <i>(Date)</i>	indicate on the incurred in the origin unless be completed	is form and return e preparation of the otherwise indicate by the quoter.	n it to the the submis ted by quo	rmation and quotations furni address in Block 5a. This re ssion of this quotation or to o tter. Any representations ar	equest doe contract for id/or certific	s not commit the Gove supplies or service. Stations attached to thi	ernment to pa Supplies are o	ay any costs of domestic	
11. SCHEDULE (Include applica						QUANTITY	UNIT	UNIT PRICE	AMOUNT		
(a)		(b)			(c)	(d)	(e)	"	(f)		
				0 CALENDAR DAYS (%)		b. 20 CALENDAR DAYS (%	c. 30 CALENDAR DAYS (%)			NDAR DAYS	
12. DISCOUN	PAYMENT							NUMBER	PERCENTAGE		
NOTE: Add	itional provisior	ns and repre	sentations	are	a	are not attached.					
13. NAME AND ADDRESS OF QUOTER a. NAME OF QUOTER						14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION			15. DATE O	F QUOTATION	
b. STREET ADI	DRESS							16. SIGNER	<u> </u>		
						a. NAME (Type or print)			b. TE	LEPHONE	
c. COUNTY									AREA CODI	Ē	
d. CITY e. STATE				f. ZIP CODE		c. TITLE (Type or print)	NUMBER				

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