

REQUEST FOR QUOTATIONS <i>(THIS IS NOT AN ORDER)</i>		THIS RFQ [] IS [x] IS NOT A SMALL BUSINESS- SMALL PURCHASE SET-ASIDE (52.219-4)			PAGE 1	OF	PAGES 32
1. REQUEST NO. 19TT1019Q0022	2. DATE ISSUED June 05, 2019	3. REQUISITION/PURCHASE REQUEST NO. PR8256832	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1		RATING		
5A. ISSUED BY American Embassy Dili Av. de Portugal Praia dos Coqueiros Dili, Timor – Leste			6. DELIVER BY (Date)				
5B. FOR INFORMATION CALL: (Name and telephone no.) (No collect calls)			7. DELIVERY				
NAME Laudia dos Santos		TELEPHONE NUMBER			<input checked="" type="checkbox"/> FOB DESTINATION OTHER (See Schedule)		
		AREA CODE	NUMBER 3324684				
8. TO:			9. DESTINATION				
a. NAME		b. COMPANY			a. NAME OF CONSIGNEE		
c. STREET ADDRESS			b. STREET ADDRESS				
d. CITY		e. STATE		f. ZIP CODE			c. CITY
							d. STATE
							e. ZIP CODE
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5A ON OR BEFORE CLOSE OF BUSINESS (Date) June 17, 2019		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 services. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotations 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)		
1	Floor and Roof Repair, per attached specifications - SOW	1	Lump sum				
12 DISCOUNT FOR PROMPT PAYMENT		a. 10 CALENDAR DAYS %	b. 20 CALENDAR DAYS %	c. 30 CALENDAR DAYS %	d. CALENDAR DAYS		
					NUMBER	%	
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			Christopher Pritchett				
b. STREET ADDRESS							
c. COUNTY			16. SIGNER		b. TELEPHONE 3324684 ext. 2118		
d. CITY		e. STATE	f. ZIP CODE		c. TITLE (Type or print) Contracting Officer		
					AREA CODE		
					NUMBER		