

# RF&ESS Request for Quotations

(This is not an order)

DATE ISSUED: 6/18/2015	PURCHASE REQUISITION NO.: 153100002	FURNISH QUOTATIONS BY COB ON: 7/2/2015	REQUIRED DELIVERY DATE: 7/31/2015		
<input checked="" type="radio"/> BRAND NAME OR EQUAL		<input type="radio"/> BRAND NAME ONLY			
ISSUED BY AND ADDRESS  InuTeq LLC Bldg. 4876, Whse #6 Lilly Drive Edwards, CA 93523		DESTINATION (Consignee and Address):  InuTeq LLC Bldg. 4876, Whse #6 Lilly Drive Edwards, CA 93523			
BUYER CONTACT (No collect calls allowed): Anne Jordan		E-MAIL: AFRC-RFESS-Procurement@mail.nasa.gov			
PHONE: 661-276-2591		FAX: (661) 276-6092			
<p><b>IMPORTANT:</b> This is a request for information and quotation only. This request does not commit company to pay any costs incurred in the preparation of the submission of this quotation or to contract for supplies or services. Supplies not to be grey market and must be of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this form must be completed by the quoter.</p> <p><b>NOTE:</b> General Provisions and FAR Flowdown Provisions for Commercial Items (PR-FRM-10) or General Provisions and FAR Flowdown Provisions for Noncommercial Items (PR-FRM-11) will apply to any purchase order which results from this quotation. These are attached for your reference.</p> <p>* Only exceptions are orders made in conformance of FAR 51.103. Contract number must be provided below.</p>					
<b>PLEASE COMPLETE ALL REQUIRED FIELDS BELOW</b>					
COMPANY NAME AND ADDRESS:					
SUPPLIER'S PROPOSED DELIVERY DATE:		SEWP OR GSA CONTRACT NO. (if applicable):			
BUSINESS CLASSIFICATION (Check appropriate boxes): <input type="checkbox"/> LARGE BUSINESS <input type="checkbox"/> SMALL BUSINESS TYPES: <input type="checkbox"/> Small Disadvantaged <input type="checkbox"/> Women-Owned <input type="checkbox"/> Veteran-Owned <input type="checkbox"/> Service Disabled Veteran-Owned <input type="checkbox"/> HUB Zone					
ITEM NO. (a)	SUPPLIES/SERVICES (b)	QTY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
1	SharePoint Training Classes per the attached				0.00
	Statement of Work	1	ea		0.00
					0.00
					0.00
					0.00
					0.00
					0.00
<b>TOTAL AMOUNT</b>					
SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION:					DATE OF QUOTATION:
E-MAIL ADDRESS:					
NAME AND TITLE OF SIGNER:					PHONE NO.: