

# RF&ESS Request for Quotations

(This is not an order)

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DATE ISSUED: 6/23/2015	PURCHASE REQUISITION NO.: 152200011	FURNISH QUOTATIONS BY COB ON: 7/9/2015	REQUIRED DELIVERY DATE: 7/30/2015
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BRAND NAME OR EQUAL     
  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
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BUYER CONTACT (No collect calls allowed): ANNE JORDAN	E-MAIL: AFRC-RFESS-Procurement@mail.nasa.gov
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PHONE: 661-276-2591	FAX: (661) 276-6092
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**IMPORTANT:** 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. **NOTE:** 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.

\* Only exceptions are orders made in conformance of FAR 51.103. Contract number must be provided below.

**PLEASE COMPLETE ALL REQUIRED FIELDS BELOW**

COMPANY NAME AND ADDRESS:

SUPPLIER'S PROPOSED DELIVERY DATE:	SEWP OR GSA CONTRACT NO. (if applicable):
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BUSINESS CLASSIFICATION (Check appropriate boxes):  
  LARGE BUSINESS     
  SMALL BUSINESS  
 TYPES:  
  Small Disadvantaged  
  Women-Owned  
  Veteran-Owned  
  Service Disabled Veteran-Owned  
  HUB Zone

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QTY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
1	T-THWL2128-HELIG2 - MP2128 HELI G2				0.00
	SENSORLESS AUTOPILOT	1	EA		0.00
2	T-THWL - TRUE HIL SIMULATOR	1	EA		0.00
3	S-XTND21 - 2128 XTENDERmp	1	EA		0.00
4	G-HORIZ - HORIZON GCS	1	EA		0.00
					0.00
					0.00

TOTAL AMOUNT

SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION:	DATE OF QUOTATION:
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E-MAIL ADDRESS:

NAME AND TITLE OF SIGNER:	PHONE NO.:
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