

# RF&ESS Request for Quotations

(This is not an order)

Page \_\_\_\_\_ of \_\_\_\_\_

DATE ISSUED:	PURCHASE REQUISITION NO.:	FURNISH QUOTATIONS BY COB ON:	REQUIRED DELIVERY DATE:
--------------	---------------------------	-------------------------------	-------------------------

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
--	---

BUYER CONTACT (No collect calls allowed):	E-MAIL: AFRC-RFESS-Procurement@mail.nasa.gov
---	---

PHONE:	FAX: (661) 276-6092
--------	------------------------

**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):
------------------------------------	---

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)

TOTAL AMOUNT

SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION:	DATE OF QUOTATION:
---	--------------------

E-MAIL ADDRESS:

NAME AND TITLE OF SIGNER:	PHONE NO.:
---------------------------	------------





