RF&ESS Request for Quotations

(This is not an order)

DATE ISSUED:	PURCHASE REQUISITION NO.:	FURNISH QUOTATIONS BY COB ON:	REQUIRED DELIVERY DATE:
7/20/2015	151300001	8/4/2015	9/30/2015

☐ BRAND NAME OR EQUAL ☒ BRAND NAME ONLY

ISSUED BY AND ADDRESS	DESTINATION *(Consignee and Address)*:
InuTeq LLC Bldg. 4876, Whse #6 Lilly Drive Edwards, CA 93523	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

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)
1	DRS8500-4.8TB-8A8D/2V/4E4S - DIGITAL RECORDING SYSTEM				0.00
	WITH WIN 7 OPERATING SYSTEM. INCLUDED 8 DIGITAL,				0.00
	8 ANALOG, 2 HD VIDEO, 4 ETHERNET AND 4 SERIAL PORTS.	4	EA		0.00
2	DRS-4PCMCABLE - CABLE ASSEMBLY FOR THE				0.00
	DRS8500 PCM DIGITAL CHANNELS.	16	EA		0.00
3	SHIPPING	1	EA		0.00
					0.00
				TOTAL AMOUNT	

SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION:	DATE OF QUOTATION:
E-MAIL ADDRESS:	
NAME AND TITLE OF SIGNER:	PHONE NO.: