

REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)	THIS RFQ _ IS <input checked="" type="checkbox"/> IS NOT A SMALL BUSINESS SET-ASIDE	Page 1 of 2
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1. REQUEST NO. PR9262861	2. DATE ISSUED 0727/2020	3. REQUISITION/PURCHASE REQUEST NO. PR9262861	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1	RATING
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5a. ISSUED BY AMERICAN EMBASSY RIGA Samnera Velsa iela 1, ATTN: GSO/Proc RIGA 1510	6. DELIVER BY (Date)
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5b. FOR INFORMATION CALL (NO COLLECT CALLS)		7. DELIVERY
NAME	TELEPHONE NUMBER	<input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)

Lindija Zemele	Riga-ProcurementSection@state.gov	9. DESTINATION
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8. TO:	AMERICAN EMBASSY RIGA
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a. NAME N/A	b. COMPANY NOVENDOR	b. STREET ADDRESS SAMNERA VELSA STREET 1, RIGA, LV 1510
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c. STREET ADDRESS	c. CITY RIGA
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d. CITY	e. STATE	f. ZIP CODE	d. STATE	e. ZIP CODE 1510
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10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5A ON OR BEFORE CLOSE OF BUSINESS (Date) on or before 16:00 , 08/17/2020	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.
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11. SCHEDULE (Include applicable Federal, State and local taxes)

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
SEE LINE ITEMS					

12. DISCOUNT FOR PROMPT PAYMENT	a. 10 CALENDAR DAYS (%)	b. 20 CALENDAR DAYS (%)	c. 30 CALENDAR DAYS (%)	d. CALENDAR DAYS
				NUMBER PERCENTAGE

NOTE: Additional provisions and representations [X] 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					
STREET ADDRESS					
c. COUNTY			16. SIGNER		
d. CITY			a. NAME (Type or print)		b. TELEPHONE
e. STATE					AREA CODE
f. ZIP CODE			c. TITLE (Type or print)		NUMBER

11. SCHEDULE

(Include applicable Federal, State and local taxes)

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (with VAT) (f)
1	Passenger Van (7+1 Seat)	1	EA		
2	Delivery	1	SV		