

**REQUEST FOR QUOTATION
(THIS IS NOT AN ORDER)**

THIS RFQ IS IS NOT A SMALL BUSINESS SET-ASIDE

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1. REQUEST NO. 19PM0721Q0083	2. DATE ISSUED 07/29/2021	3. REQUISITION/PURCHASE REQUEST NO. PR9910411	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1	RATING
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5a. ISSUED BY AMERICAN EMBASSY PANAMA CITY APARTADO 0816-02561, ATTN: GSO PANAMA PANAMA	6. DELIVER BY (Date) 09/01/2021
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5b. FOR INFORMATION CALL (NO COLLECT CALLS)		7. DELIVERY <input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)
NAME Malena Dawson	TELEPHONE NUMBER	9. DESTINATION
	AREA CODE NUMBER 507 6635-4788	a. NAME OF CONSIGNEE AMERICAN EMBASSY PANAMA CITY

8. TO:		b. STREET ADDRESS NEC - CLAYTON BUILDING 783, ATTN: WAREHOUSE
a. NAME	b. COMPANY	

c. STREET ADDRESS	c. CITY PANAMA CITY
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d. CITY	e. STATE	f. ZIP CODE	d. STATE	e. ZIP CODE
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10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 08/16/2021 @ 5:00 local time	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 service. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotation 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)
	Preventive Maintenance to the U.S. Embassy Switch Gear System As per attached SOW				

12. DISCOUNT FOR PROMPT PAYMENT	a. 10 CALENDAR DAYS (%)	b. 20 CALENDAR DAYS (%)	c. 30 CALENDAR DAYS (%)	d. CALENDAR DAYS NUMBER PERCENTAGE
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NOTE: Additional provisions and representations 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			
b. STREET ADDRESS		16. SIGNER	
c. COUNTY		a. NAME (Type or print)	b. TELEPHONE
d. CITY		AREA CODE	
e. STATE	f. ZIP CODE	c. TITLE (Type or print)	NUMBER