

REQUEST FOR QUOTATIONS <i>(THIS IS NOT AN ORDER)</i>				PAGE OF PAGES 1 1	
1. REQUEST NO. RQ683446	2. DATE ISSUED 2/2/2010	3. REQUEST/PURCHASE REQUEST NO.	4. COMMODITY GROUP AND CLASS 998-67-00	RATING	
5A. ISSUED BY Office of Contracting & Procurement 441 4 th St. NW 700S Washington DC 20001			6. DELIVER BY <i>(Date)</i> One week after receipt of PO		
5B. FOR INFORMATION CALL: <i>(Name and telephone no.) (No collect calls)</i> Eun-Kyung Choi, Contract Specialist Office (202) 724-5247 Fax (202) 727-8843; eun-kyung.choi@dc.gov			7. DELIVERY <input type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER <i>(See Schedule)</i>		
8. TO: NAME AND ADDRESS, INCLUDING ZIP CODE To All Prospective Offerors			9. DESTINATION <i>(Consignee and address, including ZIP code)</i> Fire and Emergency Medical Services 1923 Vermont Avenue, NW, Suite 201 Washington, DC 20001		
8a. Vendor Tax ID #					
10. PLEASE FURNISH QUOTATIONS TO ISSUING OFFICE ON OR BEFORE 02:00PM <i>(Date)</i> February 4, 2009		11. BUSINESS CLASSIFICATION <i>(Check appropriate boxes)</i> <input type="checkbox"/> SMALL <input type="checkbox"/> LOCAL <input type="checkbox"/> DISADVANTAGED <input type="checkbox"/> RESIDENT-OWNED			
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. This request does not commit the Government to pay any costs incurred in the preparation of the submission of this quotation or to contracts 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.					
12. SCHEDULE (Include applicable Federal, State and local taxes)					
ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
0001	Model 40-OS Stair Chair Part Number: 40-OS	35	Each	\$ _____	\$ _____
0002	The Ferno Fastrap" Quick Restraint 10-point, six-strap system Part Number: RS-7700	80	Each	\$ _____	\$ _____
0003	Flexible Stretcher with Built-in Restraints Part Number: PT1370	45	Each	\$ _____	\$ _____
0004	Model 65 Scoop" Stretcher Part Number: PT6500	20	Each	\$ _____	\$ _____
0005	Model 460 Bolster Cot Mattress Part Number: CA4600	40	Each	\$ _____	\$ _____
	No Bid: If your company is not interested in bidding on the RFQ, please fax the attached form back to my attention on (202) 727-8843			Total	\$ _____
13. DISCOUNT FOR PROMPT PAYMENT		10 CALENDAR DAYS	20 CALENDAR DAYS	30 CALENDAR DAYS	CALENDAR DAYS
		%	%	%	%
14. NAME AND ADDRESS OF QUOTER <i>(Street, city, county, State and ZIP Code)</i> Government Tax ID number			14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION		16. DATE OF QUOTATION
			17. NAME AND TITLE OF SIGNER <i>(Type or print)</i>		18. TELEPHONE NO. <i>(Include area code)</i>