

| REQUEST FOR QUOTATION <i>(THIS IS NOT AN ORDER)</i> | | THIS RFQ <input checked="" type="checkbox"/> IS <input type="checkbox"/> IS NOT SET ASIDE FOR LSDBE FIRMS ONLY. | PAGE OF PAGES 1 | | |
|---|---|--|---------------------------|--------------------------|---------------|
| 1. REQUEST NO. RQ548344 | 2. DATE ISSUED 7/8/09 | 4. COMMODITY GROUP AND CLASS → | | CODE | |
| 5A. ISSUED BY Helen Tilahun, Contract Specialist Office Of Contracting And Procurement Simplified Requisition 441 4 th Street, NW. 700 South Washington, DC 20001 | | 6. DELIVER BY (Date) (Need to be filled by vendor) X | | | |
| 5B. FOR INFORMATION CALL: (Name and telephone no.) (No collect calls) Helen Tilahun, Contract Specialist, Office of Contracts and Procurement 202-724-4218 Fax: 202-727-8843 | | 7. DELIVERY <input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule) | | | |
| 8. TO: NAME AND ADDRESS, INCLUDING ZIP CODE Tel: Fax: | | 9. DESTINATION (Consignee and address, including ZIP code) | | | |
| 10. PLEASE FURNISH QUOTATIONS By 2:00 PM TO THE OFFICE ON 7/14/09 | 11. BUSINESS CLASSIFICATION (Check appropriate boxes) LSDZR1008082009 <input checked="" type="checkbox"/> SMALL <input checked="" type="checkbox"/> RESIDENT-OWNED <input checked="" type="checkbox"/> DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED <input checked="" type="checkbox"/> ENTERPRISE ZONE | | | | |
| 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 invoices. Supplies are of domestic origin unless otherwise indicated by quote. Any representations and/or certifications attached to this Request for Quotations must be completed by the quote | | | | | |
| 12. SCHEDULE (Include applicable Federal, State and local taxes) | | | | | |
| ITEM NO. (a) | SUPPLIES/SERVICES (b) | QUANTI TY (c) | UN IT (d) | UNIT PRIC E (e) | AMOUNT (f) |
| | Tegretol | 1 | | | |
| | Cymbalta | 1 | | | |
| | Aricept | 1 | | | |
| | Flurazepam | 1 | | | |
| | Niravam | 1 | | | |
| | Azithromycin | 1 | | | |
| | Lisinopril | 1 | | | |
| | Lisinopril | 1 | | | |
| | Geodon | 1 | | | |
| | Allegra | 1 | | | |
| | Fluticasone | 1 | | | |
| | Methadone | 1 | | | |
| | Cardisoprodol | 1 | | | |
| | Oxycontin | 1 | | | |
| | Lisinopril | 1 | | | |
| | Endocet | 1 | | | |
| | Lovenox | 1 | | | |
| | Celebrex | 1 | | | |
| | Depakote | 1 | | | |
| | Amitriptyline | 1 | | | |
| | ibuprofen | 1 | | | |
| | Neurotin | 1 | | | |
| | Detrol LA | 1 | | | |
| | Docusate Sodium | 1 | | | |

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|---|--------------------|---|------------------|---|---------------|
| | Ditropan XL | 1 | | | |
| | Remeron | 1 | | | |
| | Baclofen | 1 | | | |
| | Cipro | 1 | | | |
| | Mirtazapine | 1 | | | |
| | Ciprofloxacin HCL | 1 | | | |
| | Gabapentin | 1 | | | |
| | Fexofenadine HCL | 1 | | | |
| | Doxazosin mesylate | 1 | | | |
| | Bethanechol | 1 | | | |
| | Trileptal | 1 | | | |
| | lidoderm | 1 | | | |
| <p>NOTE: THE Government of the District of Columbia Standard Contract Provisions for use with the District of Columbia Supply and Services Contracts, Dated March 2007 shall automatically be incorporated into the awarded contract.</p> <p>Contracting Officer Technical Representative Office of Contracting and Procurement 441 4th Street, N.W. 700 Washington, DC 20001 202-724-4218 Fax 202-727-8843</p> <p>Submittals:</p> | | | | | |
| 13. DISCOUNT FOR PROMPT PAYMENT | | 10 CALENDAR DAYS | 20 CALENDAR DAYS | 30 CALENDAR DAYS | CALENDAR DAYS |
| ▶ | | % | 0 % | % | % |
| 14. NAME AND ADDRESS OF QUOTER (<i>Street, city, county, State and ZIP Code</i>) | | 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</i>) | |

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