

REQUEST FOR QUOTATIONS <i>(THIS IS NOT AN ORDER)</i>		The Notice of Small Business Purchase Set-Aside on the reverse of this form <input type="checkbox"/> is <input type="checkbox"/> is not applicable.			PAGE OF PAGES 1   1	
1. SOLICITATION NO.	2. DATE ISSUED 6..30.09	3. REQUEST/PURCHASE REQUEST NO. RQ.590705 <b>Revised</b>	4. COMMODITY GROUP AND CLASS 645-21-35	RATING		
5A. ISSUED BY Office of Contracting and Procurement 441 4 <sup>th</sup> Street NW., Suite 700 South Washington, DC 20001			6. DELIVER BY (Date) <i>days from date of award</i>			
5B. FOR INFORMATION CALL: (Name and telephone no.) (No collect calls) <b>Gail Smith (202) 724-4791 Fax (202) 727-8843</b>			7. DELIVERY <input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)			
8. TO: NAME AND ADDRESS, INCLUDING ZIP CODE <b>Prospective Offerors</b>			9. DESTINATION (Consignee and address, including ZIP code)			
8a. Vendor Tax ID #						
9b. Duns Number						
10. PLEASE FURNISH QUOTATIONS <b>TO ISSUING OFFICE BY 10:00 AM on Monday July 6,2009</b>		11. BUSINESS CLASSIFICATION (Check appropriate boxes) <input type="checkbox"/> SMALL <input type="checkbox"/> LOCAL <input type="checkbox"/> DISADVANTAGED <input type="checkbox"/> RESIDENT-OWNED				
<b>IMPORTANT:</b> 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.						
<b>12. SCHEDULE (Include applicable Federal, State and local taxes)</b>						
ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	
01	The District of Columbia Office of Contracting and Procurement has a need for toner. Toner must be original and not refurbished. Please review the attached list and provide firm fixed price quotes, sign the document and fax to: Gail Smith Office of Contracting and Procurement 441 4 <sup>th</sup> Street, N.W., Suite 700 South Washington, D.C. 20001 (ph) 202-724-4791 (fax) 202-727-8843  Please provide delivery arrangements as well.	1	Job			
13. DISCOUNT FOR PROMPT PAYMENT		10 CALENDAR DAYS %	20 CALENDAR DAYS %	30 CALENDAR DAYS %	CALENDAR DAYS %	
14. NAME AND ADDRESS OF QUOTER (Street, city, county, State and ZIP Code) Government Tax ID number			14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION		16. DATE OF QUOTATION	
			17. NAME AND TITLE OF SIGNER (Type or print)		18. TELEPHONE NO. (Include area code)	