

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 checked="" type="checkbox"/> is not applicable.			PAGE OF PAGES 1 2	
1. REQUEST NO.	2. DATE ISSUED 12/24/2008	3. REQUEST/PURCHASE REQUEST NO. RQ504975	4. COMMODITY GROUP AND CLASS 680-00-00	RATING		
5A. ISSUED BY Office of Contracting & Procurement 441 4 th St. NW 700S Washington DC 20001			6. DELIVER BY (Date) January 9, 2009			
5B. FOR INFORMATION CALL: (Name and telephone no.) (No collect calls) Carla Roane, Contract Specialist Office (202) 724-4019 Fax (202) 727-0245			7. DELIVERY FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)			
8. TO: NAME AND ADDRESS, INCLUDING ZIP CODE ALL PROSPECTIVE OFFERORS			9. DESTINATION (Consignee and address, including ZIP code) Metropolitan Police Department 2235 Shannon Place, S.E. Washington, D.C. 20020			
8a. Vendor Tax ID # 8b. Dun and Bradstreet#		11. BUSINESS CLASSIFICATION (Check appropriate boxes) <input type="checkbox"/> SMALL <input type="checkbox"/> LOCAL <input type="checkbox"/> DISADVANTAGED <input type="checkbox"/> RESIDENT-OWNED				
10. PLEASE FURNISH QUOTATIONS TO ISSUING OFFICE ON OR BEFORE 2:00 PM (Date) December 30, 2008		11. BUSINESS CLASSIFICATION (Check appropriate boxes)				
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)	
001	Nik Flex Cuffs Ties 5010Bsc 1000 per case/ White Include Shipping and Handling	200	Case	\$ _____	\$ _____	
				Total	\$ _____	
<p>The District Government requires all vendors to have an approved contract or purchase order in place prior to providing goods or services. Entering into contracts verbally or without appropriate authorization is prohibited. Any vendor who delivers services or goods to the District without a proper contract is doing so entirely at their own risk. The District does not pay for goods or services that were provided without the benefit of a properly executed contract.</p> <p><i>No Bid:</i> If your company is not interested in bidding on the RFQ, please fax the attached form back to my attention on (202) 727-0245.</p>						
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>)