

REQUEST FOR QUOTATIONS (THIS IS NOT AN ORDER)		TYPE OF MARKET <input type="checkbox"/> OPEN <input type="checkbox"/> SET-ASIDE <input type="checkbox"/> DCSS <input type="checkbox"/> GSA		PAGE OF PAGES 1   1	
1. REQUEST NO. DCFB-2008-Q-0795	2. DATE ISSUED 8/21/08	3. REQUEST/PURCHASE REQUEST NO. RQ420795	4. NIGP COMMODITY CODE 475-37-00	CAPTION Medical supplies	
5A. ISSUED BY Office of Contracting & Procurement Public Safety Cluster 441 4 <sup>th</sup> St. NW 700S Washington DC 20001			6. DELIVER BY (Date)		
5B. FOR INFORMATION CALL: (Name and telephone no.) (No collect calls) <b>Rebecca Young, Contract Specialist 202-727-0810 (ofc) / 202-727-0814 (fax)</b>			7. DELIVERY <input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)		
8. TO: NAME AND ADDRESS, INCLUDING ZIP CODE			9. DESTINATION (Delivery Address) Fire and Emergency Medical Services 3170 V Street NE Washington, DC 20018		
10. PLEASE FURNISH QUOTATIONS TO ISSUING OFFICE (See 5A and 5B above) ON OR BEFORE CLOSE OF BUSINESS (Date and Time) <b>August 27, 2008 by 2:00 pm</b>		11. BUSINESS CLASSIFICATION (Check appropriate boxes) <input type="checkbox"/> SMALL <input type="checkbox"/> LOCAL <input type="checkbox"/> RESIDENT OWNED <input type="checkbox"/> LONG TIME RESIDENT <input type="checkbox"/> ENTERPRISE ZONE			
<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 invoices. 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)
1	FULLCOUNT Disinfectant 4gl/cs, #FULLC	10	CS		
2	MEDEX Catheter Protect IV Plus 18G 4 boxes of 50 per case.# 3065	25	CS		
3	MEDEX Catheter Protect IV Plus 20G 4 boxes of 50 per case, # 3066	30	CS		
4	Wavicide Disinfectant 4 per case, #Wavicide-01	25	CS		
5	Nellcor Easy Caps End Tidal CO2 24 ea/cs, #NEEC24	15	CS		
6	Mask Non-Rebreathing w/Safety Vent, #1059	75	CS		
7	Sanicide Aerosol Spray 20 oz 6 per Case, # ACIDE	30	CS		
8	Bleach 6 per case, #Bleach	60	CS		
9	A200 Lice Treatment Kit, #47533	300	EA		
10	Rusch Robertazzi Nasopharyngeal Airway 24 FR, #52484	300	EA		
11	Rusch Robertazzi Nasopharyngeal Airway 26 Fr, #52485	300	EA		
12	Rusch Robertazzi Nasopharyngeal 28 Fr, #52486	300	EA		
13	Rusch Robertazzi Nasopharyngeal 30 Fr, #52487	300	EA		
14	Airway Cath Guide 70MM 48ea/cs, #1169	25	CS		
15	Airway Cath Guide 100mm 48 ea/cs	25	CS		
16	Kendall Sharps Containers #8970, #47448	400	CS		
17	Hudson RCI Micromist Nebulizer w/o Reservoir tubing # 1882, #52532	750	EA		
<p>In quoting prices, <b>all shipping and handling must be included in unit price.</b></p> <p>If you cannot quote on these items, please return with explanation or <b>"NO BID"</b> statement.</p>					
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)			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)	