

REQUEST FOR QUOTATIONS (RFQ) (THIS IS NOT AN ORDER)			PAGE OF 1	PAGES 2	
1. RFQ NO. DCTO-2008-Q-0352	2. DATE ISSUED 9-12-08	3. REQUISITION NO.	4. TYPE OF MARKET <input type="checkbox"/> Open <input checked="" type="checkbox"/> Set Aside <input type="checkbox"/> Open with Subcontracting Set Aside		
5A. ISSUED BY: Government of the District of Columbia (District) Office of Contracting and Procurement Information Technology Group 441 4 th Street N.W., Suite 971 North Washington, D.C. 20001		6. DELIVERY Must be made by September 30, 2008			
5B. FOR INFORMATION CALL: (Name and telephone no.) (No collect calls) Quentin Blanchard, Contract Specialist, Phone (202) 724-2353, fax (202) 727-1679 quentin.blanchard@dc.gov		7. DELIVERY METHOD <input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)			
8A. TO: NAME AND ADDRESS, INCLUDING ZIP CODE, OF QUOTER		9. DESTINATION FOR DELIVERY OF GOODS OR SERVICES ORDERED The Office of Finance and Resource Management 441 4 th Street, NW, Suite 890 N Washington, DC 20001			
8B. TAX ID NO. OF QUOTER:					
10. PLEASE FURNISH QUOTATIONS ON OR BEFORE: September 19, 2008 , 2:00 PM (BID ROOM ONLY) 441 4 th Street. N.W. Suite 703		11A. PLEASE STATE YOUR LSDBE CERTIFICATION NUMBER BELOW (Attach Copy)			
		11B. IF YOU HAVE A DISTRICT OF COLUMBIA SUPPLY SCHEDULE (DCSS) CONTRACT FOR THESE ITEMS, PLEASE ENTER THE CONTRACT NUMBER BELOW:			
12. INSTRUCTIONS TO QUOTERS AND TERMS AND CONDITIONS					
Instructions to Quoters: Please complete Blocks 8B, 11A, 11(B) if applicable, 13(E), 13(F), 14, 15, 16, 17, 18, as well as submission of technical and price quotations as outlined in this solicitation, submit one (1) original and three (3) copies of <u>signed</u> quotations to Office of Contracting and Procurement, 441 4 th Street, NW, Suite 703 (Bid Room), Washington, D.C. 20001. This is the <u>only</u> authorized method of submitting a quotation for this RFQ. All quotations must be received no later than the date and time stated in block 10 of this RFQ.					
Terms and Conditions: SEE ATTACHED.					
13. SCHEDULE (Include applicable Federal, State and local taxes and all delivery charges)					
ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	See attached Statement of Work				
0001	CCRTDG, CLJ 5500/5550, Black.	40	Each	\$	\$
0002	CRTDG, CLJ 5500/5550, CYAN.	20	Each		
0003	CRTDG, CLJ 5500/5550, Yellow.	20	Each		
0004	CRTDG, CLJ 5500/5550, Magenta.	20	Each		
0005	HP Color LaserJet Printer, 5550dtn.	5	Each		
0006	HP LaserJet Printer, Mono, LJ4350D.	4	Each		
0007	HP8510W, Laptop w/Carring Case, KA455UT.	10	Each		
				TOTAL AMOUNT	\$
14. NAME AND ADDRESS OF QUOTER (Street, city, county, State and ZIP Code)		15. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION (ELECTRONIC SIGNATURES NOT ACCEPTABLE)		16. DATE OF QUOTATION	
		17. NAME AND TITLE OF SIGNER (Type or print)		18. TELEPHONE NO. (Include area code)	

13. SCHEDULE (Include applicable Federal, State and local taxes and all delivery charges)