

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		
1. REQUEST NO. RQ590478	2. DATE ISSUED 7/9/09	3. Request/Purchase No.		4. NIGP COMMODITY CODE		
5A. ISSUED BY Crystal Farmer-Linder, Contract Specialist Office Of Contracting And Procurement 441 4 th Street, NW. 720 North 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) Crystal Farmer-Linder, Contract Specialist, Office of Contracting and Procurement 202-724-4959 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 Prospective Offeror's			9. DESTINATION (Consignee and address, including ZIP code) Metropolitan Police Department 2235 Shannon Place, SE Washington, DC 20020 MPO Paul Friedlander			
10. PLEASE FURNISH QUOTATIONS By 2:00PM TO THE OFFICE ON 7/14/09		11. BUSINESS CLASSIFICATION (Check appropriate boxes) SMALL RESIDENT-OWNED DISADVANTAGED WOMEN-OWNED 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)		QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
1	Hybrid Radio Assembly (includes CASE-024) – C2456-8440XXXXXX		1	each		
2	Power Supply Upgrade Kit – B2455-8590		1	each		
	In quoting prices, all shipping and handling must be included in unit price.					
	If you cannot quote on these items, please return with explanation or "NO BID" statement.					
				Total		
13. DISCOUNT FOR PROMPT PAYMENT			10 CALENDAR DAYS %	20 CALENDAR DAYS 0 %	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)	