

REQUEST FOR QUOTATIONS <i>(THIS IS NOT AN ORDER)</i>				PAGE OF PAGES 1 1	
1. REQUEST NO. RQ686454	2. DATE ISSUED 3/18/2010	3. REQUEST/PURCHASE REQUEST NO.	4. COMMODITY GROUP AND CLASS	RATING	
5A. ISSUED BY Office of Contracting and Procurement 441 4 th Street NW., Suite 700 South Washington, DC 20001			6. DELIVER BY <i>(Date)</i> <i>Period of Performance:</i> 30 Days		
5B. FOR INFORMATION CALL: <i>(Name and telephone no.) (No collect calls)</i> Helen Tilahun 202-724-4218 Fax 202-727-8843			7. DELIVERY <input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER <i>(See Schedule)</i>		
8. TO: NAME AND ADDRESS, INCLUDING ZIP CODE All DCSS Medical Supply Schedule Holders			9. DESTINATION <i>(Consignee and address, including ZIP code)</i>		
10. PLEASE FURNISH QUOTATIONS TO ISSUING OFFICE ON OR BEFORE 2:00 PM <i>(Date)</i> 3/22/2010	11. BUSINESS CLASSIFICATION <i>(Check appropriate boxes)</i> <input type="checkbox"/> SMALL <input type="checkbox"/> LOCAL <input type="checkbox"/> DISADVANTAGED <input type="checkbox"/> RESIDENT-OWNED				
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)	QUANTIT Y (c)	UNI T (d)	UNIT PRICE (e)	AMOUNT (f)
SY911M	Microflex Synetron Powder Free Lated Exam Gloves Size Medium	10 boxes per case	240		
SY911L	Microflex Synetron Powder Free Latex Exam Gloves Size Large	10 boxes per case	240		
SY911XL	Microflex Synetron Powder Free Latex Exam Gloves Size Extra Large	10 boxes per case	240		
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>			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>