

REQUEST FOR QUOTATIONS <i>(THIS IS NOT AN ORDER)</i>			PAGE OF PAGES 1 1		
1. REQUEST NO. RQ690139	2. DATE ISSUED 4/6/2010	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			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> 4/8/2010		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)
Nik 5010 B Flex Cuf ties Bulk 1000 per case	Flex Cufs Color : White Description: Disposable nylon restraint used to control prisoners and used as a substitute for metal handcuffs.	96 case (1000 flex cuffs per case)			
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>	