

REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)		THIS RFQ IS IS NOT A SMALL BUSINESS SET-ASIDE			PAGE OF PAGES	
NAICS Code:		Size Standard: (\$ Dollars) (or # of Employees)				
1. REQUEST NO.		2. DATE ISSUED		3. REQUISITION/PURCHASE REQUEST NO.		
4a. ISSUED BY Architect of the Capitol			5. DELIVER BY (Date) FOB DESTINATION OTHER (SEE SCHEDULE)			
4b. FOR INFORMATION CALL (NO COLLECT CALLS) NAME TELEPHONE NO.		7. DESTINATION - NAME AND ADDRESS OF CONSIGNEE				
6. TO (Name and address of vendor):						
8. Please furnish quotations to the issuing office in Block 4a ON OR BEFORE CLOSE OF BUSINESS (Date)		IMPORTANT: This is a request for quotations and quotations furnished are not offers. If you are unable to quote, please so indicate on this form and return it to the address in Block 4a. This request does not commit the Government to pay any costs incurred in the preparation of the submission of this quotation or to contract for supplies or services. Supplies are of domestic origin (made in Puerto Rico, American Samoa, Guam, the Federated States of Micronesia, Marshall Islands, Palau, Northern Mariana Islands, U. S. Virgin Islands, and U. S. Minor Outlying Islands (Baker Island, Howland Island, Jarvis Island, Johnston Atoll, Kingman Reef, Midway Islands, Navassa Island, Palmyra Atoll, and Wake Island)) unless otherwise indicated by the offeror. Any representations and/or certifications attached to this Request for Quotation must be completed by the offeror.				
9. SCHEDULE (INCLUDE APPLICABLE FEDERAL, STATE, AND LOCAL TAXES)						
(a) ITEM #	(b) SUPPLIES/ SERVICES	(c) QUANTITY	(d) UNIT	(e) UNIT PRICE	(f) AMOUNT	
10. DISCOUNT FOR PROMPT PAYMENT		a. 10 CALENDAR DAYS (%)	b. 20 CALENDAR DAYS (%)	c. 30 CALENDAR DAYS (%)	d. CALENDAR DAYS	
					NUMBER	PERCENTAGE
NOTE: Additional provisions and representations are are not attached.						
11a. TYPE OF CONTRACTOR (Check all that apply)						
NONPROFIT ORGANIZATION (DO NOT CHECK ANY OTHER TYPE)			SMALL BUSINESS			
LARGE BUSINESS (DO NOT CHECK ANY OTHER TYPE)			SMALL DISADVANTAGED BUSINESS (INCLUDES MINORITY OWNED)			
FOREIGN CONTRACTOR (DO NOT CHECK ANY OTHER TYPE)			WOMEN-OWNED SMALL BUSINESS			
			VETERAN-OWNED SMALL BUSINESS			
			SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS			
			HUBZONE SMALL BUSINESS			
11b. DUNS NUMBER						
12. NAME AND ADDRESS OF QUOTER			13. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION		14. DATE OF QUOTATION	
a. NAME OF QUOTER						
b. STREET ADDRESS			15. SIGNER			
			a. NAME AND TITLE (Type or print)		b. TELEPHONE NO.	
c. COUNTY					c. FAX No.	
d. CITY		e. STATE	f. ZIP CODE	d. EMAIL ADDRESS (Type or print)		