REQUEST FOR QUOTATION
(THIS IS NOT AN ORDER)

THIS RFQ [X] IS [ ] IS NOT A SMALL BUSINESS SET-ASIDE

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1. REQUEST NO.	2. DATE ISSUED	3. REQUISITION/PURCHASE REQUEST NO.	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1 ▶	RATING
AG95CVS08A160	9-15-2008			

5a. ISSUED BY
USDA ARS PWA OFFICE 800 Buchanan St. Albany, Ca. 94710 fred.gifford@ars.usda.gov

6. DELIVER BY *(Date)*
see schedule

5b. FOR INFORMATION CALL *(NO COLLECT CALLS)*

NAME	TELEPHONE NUMBER	
	AREA CODE	NUMBER
Fred Gifford fax 510-559-6023	510	559-6017

7. DELIVERY
[X] FOB DESTINATION [ ] OTHER *(See Schedule)*

9. DESTINATION
a. NAME OF CONSIGNEE
USDA ARS PWA OFFICE

8. TO:

a. NAME	b. COMPANY	b. STREET ADDRESS

c. STREET ADDRESS	c. CITY
	MudLake Dubois

d. CITY	e. STATE	f. ZIP CODE	d. STATE	e. ZIP CODE
			ID	

10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS *(Date)*
9-22-2008

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 to the address in Block 5a. 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 unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotations must be completed by the quoter.

11. SCHEDULE *(Include applicable Federal, State and local taxes)*

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
01	Complete this form and present your proposed prices on the sheet provided CCR registration required Duns #_____ TAX ID#_____ 52.212-1,2,3,4 & 5 Apply 52.211-16 full text provided 52.217.5 & 7 full text provided				

12. 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.

13. NAME AND ADDRESS OF QUOTER			14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION	15. DATE OF QUOTATION
a. NAME OF QUOTER				
b. STREET ADDRESS			16. SIGNER	
			a. NAME *(Type or print)*	b. TELEPHONE AREA CODE
c. COUNTY				
d. CITY	e. STATE	f. ZIP CODE	c. TITLE *(Type or print)*	NUMBER

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STANDARD FORM 18 (Rev. 6-95)
Prescribed by GSA - FAR (48 CFR) 53.215-1(a)

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