

REQUEST FOR QUOTATIONS <i>(THIS IS NOT AN ORDER)</i>	THIS RFQ [] IS [x] IS NOT A SMALL BUSINESS- SMALL PURCHASE SET-ASIDE (52.219-4)	PAGE 1	DF 1	PAGES 1
--	---	-----------	---------	------------

1. REQUEST NO. 19MD7021Q0007	2. DATE ISSUED 12/21/2020	3. REQUISITION/PURCHASE REQUEST NO. PR9629705	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1	RATING
--	-------------------------------------	---	--	--------

5A. ISSUED BY General Services Office, American Embassy, 103 A. Mateevici street, Chisinau, Republic of Moldova	6. DELIVER BY (Date) 20 days ARO
--	--

5B. FOR INFORMATION CALL: (Name and telephone no.) (No collect calls)		7. DELIVERY	
NAME Mr. Constantin Buruiana	TELEPHONE NUMBER		X FOB DESTINATION OTHER (See Schedule)
	AREA CODE +373	NUMBER 60-097-799	

8. TO:	9. DESTINATION
--------	----------------

a. NAME	b. COMPANY	a. NAME OF CONSIGNEE American Embassy Chisinau
---------	------------	--

c. STREET ADDRESS	b. STREET ADDRESS 103 A. Mateevici
-------------------	--

d. CITY	e. STATE	f. ZIP CODE	c. CITY Chisinau
			d. STATE e. ZIP CODE MD-2009

10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5A ON OR BEFORE CLOSE OF BUSINESS (Date) January 11, 2021 COB	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)
1	Provision of Personal Protection Equipment (PPE) and medical supplies (As per attached SOW. Price should include VAT)	1	EA		

12 DISCOUNT FOR PROMPT PAYMENT	a. 10 CALENDAR DAYS %	b. 20 CALENDAR DAYS %	c. 30 CALENDAR DAYS %	d. CALENDAR DAYS	
				NUMBER	%

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	
c. COUNTY		a. NAME (Type or print)	b. TELEPHONE
d. CITY	e. STATE	f. ZIP CODE	AREA CODE
			NUMBER