

REQUEST FOR QUOTATION <i>(THIS IS NOT AN ORDER)</i>			THIS RFQ <input checked="" type="checkbox"/> IS <input type="checkbox"/> IS NOT A SMALL BUSINESS SET- ASIDE			PAGE OF PAGES 1	
1. REQUEST NO. AG-52B1-S-16-0059		2. DATE ISSUED 7/7/16		3. REQUISITION/PURCHASE REQUEST NO.		4. CERT. FOR NAT.DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1	
5a. ISSUED BY USDA Forest Service, Attn: Purchasing Hoosier National Forest 811 Constitution Ave Bedford, IN 47421						6. DELIVER BY (Date) See Schedule of Items	
5b. FOR INFORMATION CALL (NO COLLECT CALLS)						7. DELIVERY <input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)	
NAME Roger Manning			TELEPHONE NUMBER AREA CODE 812 NUMBER 275-5987			9. DESTINATION a. NAME OF CONSIGNEE Hoosier NF	
8. TO:						b. STREET ADDRESS	
a. NAME ALL PROSPECTIVE QUOTERS			b. COMPANY			c. CITY Bedford	
c. STREET ADDRESS						d. STATE IN	
d. CITY			e. STATE		f. ZIP CODE		e. ZIP CODE 47421
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5A ON OR BEFORE CLOSE OF BUSINESS 11:00a.m. e.s.t., 07/26/16			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)
	Zero-turn radius mowers						
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 <input type="checkbox"/> are <input type="checkbox"/> 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				16. SIGNER			
b. STREET ADDRESS							
c. COUNTY				a. NAME (Type or print)		b. TELEPHONE	
d. CITY				e. STATE		AREA CODE	
f. ZIP CODE			c. TITLE (Type or Print)		NUMBER		

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Previous edition not usable

18-121

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