

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 70	
1. REQUEST NO. AG-52B1-S-14-0045	2. DATE ISSUED 8/25/14	3. REQUISITION/PURCHASE REQUEST NO.	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1		RATING	
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 rkmanning@fs.fed.us		TELEPHONE NUMBER AREA CODE 812 NUMBER 275-5987	9. DESTINATION a. NAME OF CONSIGNEE			
8. TO:			Federal Highway Scenic Byway			
a. NAME ALL PROSPECTIVE QUOTERS		b. COMPANY	b. STREET ADDRESS			
c. STREET ADDRESS			c. CITY			
d. CITY		e. STATE	f. ZIP CODE	d. STATE IN	e. ZIP CODE	
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5A ON OR BEFORE CLOSE OF BUSINESS Noon, Sep 5, 2014		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)
	Kiosks **quotes may be mailed to the address in Block 5a or emailed to rkmanning@fs.fed.us					
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. TELEPHONE	
b. STREET ADDRESS					a. NAME (Type or print)	
c. COUNTY			c. TITLE (Type or Print)		NUMBER	
d. CITY		e. STATE	f. ZIP CODE			

TAX ID#NSN 7540-01-152-8084
Previous edition not usable**DUNS#**

18-121

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