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|--|-------------------------------|--|--|--------------------------|-----------------------------------|---------------|
| REQUEST FOR QUOTATIONS <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 2 | |
| 1. REQUEST NO. W911XK-04-T-0087 | 2. DATE ISSUED 06-Oct-2004 | 3. REQUISITION/PURCHASE REQUEST NO. W56MES-4237-2580 | 4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1 | | RATING | |
| 5a. ISSUED BY CONTRACTING DIVISION DETROIT DISTRICT, USAED, 477 MICHIGAN AVE DETROIT MI 48226 | | | 6. DELIVER BY (Date) SEE SCHEDULE | | | |
| 5b. FOR INFORMATION CALL: (Name and Telephone no.) (No collect calls) DEBORAH J MCCOLLA-BUTLER 313 226-6474 | | | 7. DELIVERY <input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule) | | | |
| 8. TO: NAME AND ADDRESS, INCLUDING ZIP CODE | | | 9. DESTINATION (Consignee and address, including ZIP Code) SAFETY OFFICE DETROIT DISTRICT, USAED P.O. BOX 1027 477 DETROIT MI 48231-1027 TEL: FAX: | | | |
| 10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS: (Date) 13-Oct-2004 | | | | | | |
| 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) |
| SEE SCHEDULE | | | | | | |
| 12. DISCOUNT FOR PROMPT PAYMENT | | a. 10 CALENDAR DAYS % | b. 20 CALENDAR DAYS % | c. 30 CALENDAR DAYS % | d. CALENDAR DAYS No. % | |
| NOTE: Additional provisions and representations <input type="checkbox"/> are <input type="checkbox"/> are not attached. | | | | | | |
| 13. NAME AND ADDRESS OF QUOTER (Street, City, County, State, and ZIP Code) | | | 14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION | | 15. DATE OF QUOTATION | |
| | | | 16. NAME AND TITLE OF SIGNER (Type or print) | | TELEPHONE NO. (Include area code) | |

Section B - Supplies or Services and Prices

| ITEM NO | SUPPLIES/SERVICES | QUANTITY | UNIT | UNIT PRICE | AMOUNT |
|---------|---|----------|----------|------------|--------|
| 0001 | PRICES FOR EMPLOYEE SEVEN CASTLE/5 STAR RECOGNITION (SAFETY AWARD) FOR APPROX. 450-475 EMPLOYEES TO INCLUDE CHOICES OF CREW NECK FLEECE, HOODED PULLOVER FLEECE, OR HOODED FULL ZIPPER FLEECE. EXACT QUANTATIES AND SIZES TO BE DETERMINED AT AWARD. (EST. QUANTATIES= 25 SMALL 150 MED, 200 LG, 100 X-LG AND 50 2X-3X). PLEASE FURNISH APPROPRIATE SAMPLES, PHOTOS AND/OR CATALOGS WITH QUANTITY DISCOUNTS SHOWN. | 1 | Lump Sum | | |