

NONAPPROPRIATED FUND REQUEST FOR QUOTATIONS (THIS IS NOT AN ORDER)					Page 1 of 1	
1. REQUEST NUMBER OSAN-F-24Q0005		2. DATE ISSUED 10 Dec 2023		3. PURCHASE REQUEST NUMBER OSANF40025		
4a. ISSUED BY: NAF Accounting Office 51 FSS/FSRA UNIT# 2065 APO, AP 96278-2065 Mr. Chin, Email chun.chin.kr@us.af.mil Voice: 82-31-661-8471 Fax: 82-31-661-6469				5. DELIVERY BY (Date) 30 Jun 2024		
				6. DELIVERY TERMS <input type="checkbox"/> FOB Destination <input type="checkbox"/> FOB Origin		
4b. FOR INFORMATION CALL: (Name and telephone number) (No collect calls) Mr. Chin at 0505-784-8471				8. SHIP TO (Consignee and address, including Zip Code) Information Tickets & Travel 51 FSS/FSWI Unit# 2065 APO, AP 96278-2065		
7. TO: (Name and Address, including Zip Code)						
9. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE ON OR BEFORE CLOSE OF BUSINESS (Date) 26 Dec 2023						
IMPORTANT: This is a request for information and quotations furnished are not offers. If you are unable to quote, please indicate on this form and return to the address in block 4a. 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 representation and/or certifications attached to this Request for Quotations must be completed by the quoter.						
10. SCHEDULE (Include applicable Federal, State and local taxes)						
ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	
0001	Hyundai Van Solati H350 Hyundai Solati 15 Pax Auto includes the delivery charge to Osan Air Base. * Luxury Type: Options are as per attached catalogue and the specifications. Exterior paint scheme with a creamy white as attached picture and Luxury type. ATTACHMENTS ATCH01 OSANF40025_Solati color image.pdf (139 KB) ATCH02 Nonappropriated Fund Standard Clauses (18 October 2023).docx (67 KB) ATCH03 OSANF40025_Solati catalog_2023.pdf (876 KB) ATCH04 OSANF40025_Solati specifications.xlsx (12 KB)	1	EA			
11. DISCOUNT FOR PROMPT PAYMENT - %		10 CALENDAR DAYS - %	20 CALENDAR DAYS - %	30 CALENDAR DAYS - %	CALENDAR DAYS - %	
12. NAME AND ADDRESS OF QUOTER (Street, City, State and ZIP)		13. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION			14. DATE OF QUOTATION	
		15. NAME AND TITLE OF SIGNER (Type or print)			16. TELEPHONE NO. (include area code)	