NO	Page 1 of 2										
1. REQUEST NUMBER OSAN-F-24Q0008		2. DATE ISSUED 11 Jan 2024				3. PURCHASE REQUEST NUMBER OSANF40021					
4a. ISSUED BY:	51 FSS/FSRA UNIT# 2065 APO, AP 96278-2065						Y BY (Date) 026				
							6. DELIVERY TERMS FOB Destination 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)				
7. TO: (Name and Address, including Zip Code)						Community Center Unit# 2065 51 FSS/FSWP APO, AP 96278-2065 Voice: 82-31-661-9116					
9. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE ON OR BEFORE CLOSE OF BUSINESS (Date							28 Feb 2024				
to the address in or to contract for	is is a request for information and quot- block 4a. This request does not comm supplies or services. Supplies are of d equest for Quotations must be complete	it the Governme omestic origin ι	ent to pay an	ny costs inc	urred in the prepar	ation of the su	ıbmission of th	is quotation			
ITEM NO.	10. SCH SUPPLIES/SE	•	applicable F	Federal, Sta	te and local taxes)	UNIT	UNIT PRICE	AMOUNT			
(a)	(b)	RVICES			(c)	(d)	(e)	(f)			
0001	Barber shop concessionaire contract for Mustang Community Center, Bldg. See attached Concessionaire Contract ATTACHMENTS				1	SV					
ATCH01	OSANF24Q0008_Barber shop_Conce KB)	essionaire contra	act.pdf (396								
ATCH02	Barber Shop Price List_MCC_11 Jan 2										
NOTE01	A site visit is urged and inspect the site performed as the following:	e where service	s are to be								
	 Date & Time: 16 February 2024 (Thur The bidder may contact the POC for additing the POC for additing the POC: Mustang Community Center, I are POC: Suhyeon Lee, TSgt Kimber Western Tel No.: DSN: 784-8471 / Comm: 05 Email Address: suhyeon.lee@us.af.m 	ional questions un BLDG 1313 ebb 05-784-8471		by 1600.							
NOTE02	The concessionaire fees should fill out 1) and Section D. D-2 (page 37) on the	the paragraph									
11. DISCOUNT FOR PROMPT PAYMENT - %		10 CALENDAR I	CALENDAR DAYS - % 20 CALENDAR			30 CALENDA	AR DAYS - %	CALENDAR DAYS - %			
12. NAME AND ADDRESS OF QUOTER (Street, City, State and ZIP) 13. SIGNATURE OF PERSON AUTHORIZED					ON AUTHORIZED TO) SIGN QUOTA	TION	14. DATE OF QUOTATION			
15. NAME AND TITLE OF SIGNER (Type or prin						16. TELEPHONE NO. (include area code)					

NONAPPROPR			OSAN-F-240	Page 2 of 2	
ITEMANO	10. SCHEDULE (Include applicable Federal, \$			LINIT DDICE	AMOUNT
ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	
(a) NOTE03	(b) ADDITIONAL REQUIREMENTS FOR THE RFQ: The contractors/bidders should submit their technical proposal, business organization, experience for a smiler business, business certificates, insurance liability and other business plaining to perform the service. If the requirement does not fully demonstrate, it will not be further considered for a contract award.	(c)	(d)	(e)	(f)