

NONAPPROPRIATED FUND REQUEST FOR QUOTATIONS (THIS IS NOT AN ORDER)					Page 1 of 1	
1. REQUEST NUMBER OSAN-F-24Q0010		2. DATE ISSUED 15 Mar 2024		3. PURCHASE REQUEST NUMBER OSANF40047		
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 Apr 2027		
				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) 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		
7. TO: (Name and Address, including Zip Code)						
9. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE ON OR BEFORE CLOSE OF BUSINESS (Date) 27 Mar 2027						
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	Rental of copy machine for FSS See attached Statement of Work  See attached Statement of Work  ATTACHMENTS ATCH01 OSANF24Q0010_Copy machine SOW.docx (35 KB) ATCH02 OSANF24Q0010_FSS Copy Machine Price List_updated.docx (24 KB) ATCH03 Nonappropriated Fund Standard Clauses (18 October 2023).docx (67 KB)	1	SV			
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)	