NONAPPROPRIATED FUND REQUEST FOR QUOTATIONS (THIS IS NOT AN ORDER)								Page 1 of 1
1. REQUEST NUMBER OSAN-F-24Q0011		2. DATE ISSUED 11 Apr 2024				3. PURCHASE REQUEST NUMBER OSANF40054		
4a. ISSUED BY:	NAF Accounting Office 51 FSS/FSRA UNIT# 2065 APO, AP 96278-2065 Mr. Chin, Email chun.chin.kr@us Fax: 82-31-661-6469	.af.mil Voice: 8	s: 82-31-661-8471			5. DELIVERY BY (Date) 30 Apr 2027 6. DELIVERY TERMS		
						FOB Destination FOB Origin		
4b. FOR INFORMATION CALL: (Name and telephone number) (No collect calls) Mr. Chin at 05005-784-8471 7. TO: (Name and Address, including Zip Code)						8. SHIP TO (Consignee and address, including Zip Code) Osan Club 51 FSS/FSWC UNIT #2065 APO, AP 96278-2065 Voice: 82-31-661-6900		
9. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE ON OR BEFORE CLOSE OF BUSINESS (Date) 21 Apr 2								24
to the address in or to contract for	nis is a request for information and quot block 4a. This request does not comm supplies or services. Supplies are of do lequest for Quotations must be complet	it the Governm omestic origin (ent to pay an unless otherw	y costs inc	urred in the prepar	ation of the su	ıbmission of thi	is quotation
10. SCHEDULE (Include applicable Federal, State and local taxe ITEM NO. SUPPLIES/SERVICES QUANTITY						S) UNIT UNIT PRICE AMOUNT		
(a)	(b)				(c)	(d)	(e)	(f)
ATCH01	the DJ/VJ/MC service. The estimated contract amount represent the contract period. Payments will be made based on the recorded by the NAFI. See attached Statement of Work. ATTACHMENTS OSANF24Q0011_SOW_Non-Personal	performance h	ours					
ATCH02	(161 KB) Nonappropriated Fund Standard Clauses (8 April 2024).docx (64 KB) NOTES							
NOTE01	Please refer to the FSS NAF Contracting Office web page for guidance on how to submit the RFQ. Once you've filled in the amounts for Contractor Service Rates A and B, as well as the Schedule of Performer on the Statement of Work, you can either mail the RFQ to the local post office or forward the document to me via email at chun.chin.kr@us.af.mil.							
11. DISCOUNT FOR PROMPT PAYMENT - % 10 CALEN			R DAYS - % 20 CALENDAR DAYS - % 30 CALE				R DAYS - %	CALENDAR DAYS - %
12. NAME AND ADDRESS OF QUOTER (Street, City, State and ZIP) 13. SIGNATURE OF PERSON AUTHORIZED						SIGN QUOTA	TION	14. DATE OF QUOTATION
15. NAME AND TITLE OF SIGNER (Type or print						t)	16. TELEPHON	NE NO. (include area code)