| NONAPPROPRIATED FUND REQUEST FOR QUOTATIONS (THIS IS NOT AN ORDER) | | | | | | | | Page 1 of 1 | |
|--|---|--|--------------------------------|-------------|---------------------|--|------------------|----------------------------|--|
| 1. REQUEST NUMBER OSAN-F-24Q0015 | | 2. DATE ISSUED 09 May 2024 | | | | 3. PURCHASE REQUEST NUMBER OSANF40071 | | | |
| 4a. ISSUED BY: NAF Accounting Office 51 FSS/FSRA UNIT# 2065 APO, AP 96278-2065 Mr. Chin, Email chun.chin.kr@us.af.mil V Fax: 82-31-661-6469 | | | l Voice: 82-31-661-8471 | | | 5. DELIVERY BY (Date) 10 Jul 2024 6. DELIVERY TERMS | | | |
| | | | | | | FOB Destination FOB Origin | | | |
| 4b. FOR INFORMATION CALL: (Name and telephone number) (No collect calls) Mr. Chin at 0505-784-8471 7. TO: (Name and Address, including Zip Code) | | | | | | 8. SHIP TO (Consignee and address, including Zip Code) Osan Golf Course Unit# 2065 51 FSS/FSWG APO, AP 96278-2065 Su Yong O Voice: 0505-784-6818 | | | |
| 9. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE ON OR BEFORE CLOSE OF BUSINESS (Date) 29 May 2 | | | | | | | | 024 | |
| 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 d dequest for Quotations must be comple | 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 | s quotation | |
| 10. SCHEDULE (Include applicable Federal, State and local taxes ITEM NO. SUPPLIES/SERVICES QUANTITY | | | | | | s) UNIT UNIT PRICE AMOUNT | | | |
| (a) | (b) | INVICES | | | (c) | (d) | (e) | (f) | |
| ATCH01 ATCH02 NOTE01 | Water Hazard Replacement at the #12 Tee Box & next to #12 Green and fairway & next to #14 Green. See attached Statement of Work for the ATTACHMENTS Golf Water Hazard Replacement Proj. (20 KB) Nonappropriated Fund Standard Clauk (KB) NOTES A site visit is strongly recommended: Date & Time: 20 May 24, 10:00 POC: Mr. Mun, Jun Ho at 010-4748-4 jun_ho.mun.kr@us.af.mil or Mr. O, Susu.o.kr@us.af.mil. Location: The Lakes at Osan, bldg. 17 | he details. ect_SOW_9 Maleses (1 May 202 | ay 24.docx 24).docx (65 | | 1 | SV | | | |
| A4 DIG 2011 = - | | L10 0 = | DAVO SI | I oo oo - | | 200 000 = 100 | | | |
| | | | DAYS - % | | DAR DAYS - % | 30 CALENDAR DAYS - % | | CALENDAR DAYS - % | |
| 12. NAME AND ADDRESS OF QUOTER (Street, City, State and ZIP) 13. SIGNATURE OF PERSON AUTHORIZED | | | | | | O SIGN QUOTA | TION | 14. DATE OF QUOTATION | |
| 15. NAME AND TITLE OF SIGNER (Type or prin | | | | | | t) | 16. TELEPHON | NE NO. (include area code) | |