REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)					THIS RFQ IS X IS NOT A SMALL BUSI				S SET	-ASIDE	PAGE OF	PAGES 36	
1. REQUEST NO. 2. DATE ISSUED				- 1	3. REQUISITION/PURCHASE REQUEST NO. PR7285970			4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2			RATING		
19UP3018Q0015   07/09/2018   PR7285970   5a. ISSUED BY										DMS REG. 1 BY (Date)			
	sy Kyiv, Ukraine	2						O. DEL		BT (Date)			
OO LIIIDAS			ATION CAL	I (NC	COLLECT CALL	S)		7. DEL	IVER	······			
5b. FOR INFORMATION CALL (NO COLLECT CALLS)  NAME  TELEPHO							IE NUMBER FOB DESTINATION OTHER (See Schedule)					R Schedule)	
AREA CODE NUM								9. DESTINATION					
							5000 a. NAME OF CONSIGNEE				TON TON		
Alia Bigurilak, Contracting Assistant #36044   52							-3000	u. W. W.E. G. GONGIGHEE					
a. NAME b. COMPANY c. STREET ADDRESS							b. STREET ADDRESS						
							5.511(21) / 1551(255						
								c. CITY					
								Andre Strawn Co.					
d. CITY e. STATE						f. ZIP	CODE	d. STATE e. ZIP CODE					
e. 51													
ISSUING O	JRNISH QUOTATION FFICE IN BLOCK 5a ( LOSE OF BUSINESS	his form and return n the preparation of unless otherwise be completed by		reques or to co ations a	t does ntract nd/or	not commit the Go for supplies or serv certifications attach	overnment to parice. Supplies a	ay any are of					
					E (Include app	olicab	le Federal, State and						
ITEM NO.	O. SUPPLIES/ SERVICES						QUANTITY	UNIT		UNIT PRICE	AMOUNT		
(a)	(b)						(c)	(d) (e)		(f)			
1	Repair of walls below the ground level at												
	Deputy Chief of Mission Residence												
	(see details attached)												
				a. 10	CALENDAR DAY	'S (%)	b. 20 CALENDAR DAYS (%	) c. 30	CALE	NDAR DAYS (%)	d. CALEN	DAR DAYS	
12 DISCOUR	NT FOR PROMPT F	DAVMENT									NUMBER	PERCENTAGE	
12. DISCOUN	NI FOR FROMFI F	ATMENT											
NOTE: Add	litianal praviaiana	and renre	aantation		[V] are		L not attached						
NOTE: Add	litional provisions				x are	a	re not attached.	LA MOS	THAT	IZED TO	16 DATE OF	QUOTATION	
a. NAME OF Q		ND ADDRES	SS OF QUO	IER			SIGN QUOTATION	SON AU	THOR	NZED TO	13. DATE OF	QUOTATION	
b. STREET ADDRESS							16. SIGNER						
							a. NAME (Type or print)				b. TELEPHONE		
c. COUNTY										AREA CODE			
d. CITY e. STATE					f. ZIP CODE		c. TITLE (Type or print)				NUMBER		