

1. REQUEST NO. 19RP3820Q0129	2. DATE ISSUED 08/25/2020	3. REQUISITION/PURCHASE REQUEST NO. PR9302742	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1	RATING
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5a. ISSUED BY
GSO/C&P, US Embassy Manila, Seafront Compound, Roxas Blvd., Pasay City

6. DELIVER BY (Date)

5b. FOR INFORMATION CALL (NO COLLECT CALLS)

7. DELIVERY FOB DESTINATION OTHER (See Schedule)

NAME Maria Salve Catriona U. Ponting	TELEPHONE NUMBER AREA CODE: 632 NUMBER: 5301-2707	9. DESTINATION a. NAME OF CONSIGNEE
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8. TO:

a. NAME	b. COMPANY	b. STREET ADDRESS
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c. STREET ADDRESS	c. CITY
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d. CITY	e. STATE	f. ZIP CODE	d. STATE	e. ZIP CODE
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10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 09/08/2020	IMPORTANT: This is a request for information and quotations furnished are not offers. If you are unable to quote, please so indicate on this form and return it to the address in Block 5a. 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 service. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotation must be completed by the quoter.
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11. SCHEDULE (Include applicable Federal, State and local taxes)

ITEM NO. (a)	SUPPLIES/ SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
1	The US Embassy Manila invites you to submit a quotation for the Internet Subscription for Premium 200 Mbps with /29 IP Block (6 IPs) with Direct Line Coverage Period: 12 months Price offer shall be firm fixed price, VAT exempt. The attached FAR DOSAR Clauses will form part of the resultant order. Note: All actions which are over US\$30K prospective vendor must be registered with System for Award Management (SAM)	1	lot		0.00 0.00

12. DISCOUNT FOR PROMPT PAYMENT	a. 10 CALENDAR DAYS (%)	b. 20 CALENDAR DAYS (%)	c. 30 CALENDAR DAYS (%)	d. CALENDAR DAYS NUMBER PERCENTAGE
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NOTE: Additional provisions and representations are are not attached.

13. NAME AND ADDRESS OF QUOTER a. NAME OF QUOTER b. STREET ADDRESS c. COUNTY d. CITY	14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION 16. SIGNER a. NAME (Type or print) c. TITLE (Type or print)	15. DATE OF QUOTATION b. TELEPHONE AREA CODE NUMBER
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