

1. REQUEST NUMBER OSAN-F-24Q0012	2. DATE ISSUED 02 May 2024	3. PURCHASE REQUEST NUMBER OSANF40066
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 Jun 2024	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	7. TO: (Name and Address, including Zip Code)	8. SHIP TO (Consignee and address, including Zip Code) Information Tickets & Travel 51 FSS/FSWI Unit# 2065 APO, AP 96278-2065
9. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE ON OR BEFORE CLOSE OF BUSINESS (Date)		22 May 2024

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	Outdoor LED Display LED Display (Screen Size (W)2240mm x (H)2880mm / Resolution 560x720), Control System (Main Control System), Shipping & Installation * Please see the attached SOW.	1	SV		
ATCH01	Nonappropriated Fund Standard Clauses (1 May 2024).docx (65 KB)				
ATCH02	SOW_Outdoor LED Display.pdf (233 KB)				
NOTE01	NOTES A site visit is urged and inspect the site where services are to be performed as the following: - Date & Time: May 7, 2024 (Tuesday) at 09:00 hours - Place: ITT, BLDG 924 - POC: Ms. Pang, Yang Sun - Tel No.: DSN: 784-4254 / Comm: 0505-784-4254 - Email Address: yong_sun.pang.2.kr@us.af.mil				

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)	