

**NONAPPROPRIATED FUND REQUEST FOR QUOTATIONS (THIS IS NOT AN ORDER)**

1. REQUEST NUMBER OSAN-F-24Q0014	2. DATE ISSUED 08 May 2024	3. PURCHASE REQUEST NUMBER OSANF40069
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)  24 May 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	8. SHIP TO (Consignee and address, including Zip Code) Information Tickets & Travel 51 FSS/FSWI Unit# 2065 APO, AP 96278-2065	
7. TO: (Name and Address, including Zip Code)		

9. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE ON OR BEFORE CLOSE OF BUSINESS (Date) 15 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	Repair of USFK0553 45 passenger bus See attached Statement of Work for the specified parts and installation.	1	SV		
ATCH01	ATTACHMENTS Nonappropriated Fund Standard Clauses (1 May 2024).docx (65 KB)				
ATCH02	ITT bus_Transmission for USFK0553_7 May 24.rtf (84 KB)				
NOTE01	NOTES Site visit requirement:  The bidder/contractor may contact Ms. Pang, Yong Sun at 0505-784-1701 at yong_sun.pang.2.kr@us.af.mil to have more detail information.				

11. DISCOUNT FOR PROMPT PAYMENT - %	10 CALENDAR DAYS - %	20 CALENDAR DAYS - %	30 CALENDAR DAYS - %	CALENDAR DAYS - %
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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)