

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

1. REQUEST NUMBER OSAN-F-22Q0001	2. DATE ISSUED 15 Oct 2021	3. PURCHASE REQUEST NUMBER OSANF20001
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)  01 Nov 2021	
	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 chun.chin.kr@us.af.mil		8. SHIP TO (Consignee and address, including Zip Code) Osan Bowling Center 51 FSS/FSWB UNIT #2065 APO, AP 96278-2065 Robert Izydorek Voice: 82-31-661-1168 Fax: 82-31-661-6469
7. TO: (Name and Address, including Zip Code)		

9. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE ON OR BEFORE CLOSE OF BUSINESS (Date) 20 Oct 2021

**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	Replace Carpet in Bowling Center at Osan Air Base. See attached Statement of Work and Nonappropriated Fund Standard Clauses.	1	SV		
ATCH01	ATTACHMENTS Bowling Ctr_Carpet B-492_Oct 21.pdf (194 KB)				
ATCH02	Nonappropriated Fund Standard Clauses (15 October 2021).docx (71 KB)				

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)