NONAPPROPRIATED FUND REQUEST FOR QUOTATIONS (THIS IS NOT AN ORDER) Page 1 or									
1. REQUEST NUI	MBER	OSAN-F-24Q0022			E ISSUED p 2024		3. PURCHAS OSANF4	SE REQUEST 0104	NUMBER
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) 18 Oct 2024 6. DELIVERY TERMS FOB Destination FOB Origin 		
4b. FOR INFORMATION CALL: (Name and telephone number) (No collect calls)							8. SHIP TO (Consignee and address, including Zip Code)		
Mr. Chin at 0505-784-8471 7. TO: (Name and Address, including Zip Code)							Miscellaneous Morale & Welfare 51 FSS/FSWP UNIT 2065		
9. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE ON OR BEFORE CLOSE OF BUSINESS (Date) 02 Oct 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 ATCH01 ATCH02	See attached ATTACHMEI Nonappropria KB)	300G 18 October 2024 I Statement of Work NTS ated Fund Standard Clau 1022_SOW_JBOOG sour				1	SV		
11. DISCOUNT FOR PROMPT PAYMENT - % 10 CALEND				R DAYS - % 20 CALENDAR DAYS - %			30 CALENDAR DAYS - %		CALENDAR DAYS - %
12. NAME AND ADD	13. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION				TION	14. DATE OF QUOTATION			
15. 1					15. NAME AND TITLE OF SIGNER (Type or print) 16. TEL				NE NO. (include area code)