NO	NAPPROPRIATED FUND REQUEST F		Page 1 of 2						
1. REQUEST NUMBER OSAN-F-25Q0002		2. DATE ISSUED 15 Oct 2024				3. PURCHASE REQUEST NUMBER OSANF40083			
4a. ISSUED BY:	NAF Accounting Office 51 FSS/FSRA UNIT# 2065 APO, AP 96278-2065						Y BY (Date) 029		
	Mr. Chin, Email chun.chin.kr@us 82-31-661-6469	.af.mil , Voice	e: 82-31-661-84	471, Fax:		6. DELIVERY TERMS FOB Destination FOB Origin			
4b. FOR INFORM Mr. Chin at 0505-	ATION CALL: (Name and telephone n	umber) (No c	ollect calls)			8. SHIP TO	(Consignee and	d address, including Zip Code)	
	d Address, including Zip Code)		Daegu Bowling Center 607 MMS, Det 3 Unit #2166 APO, AP 96213 Lydia Paige , Voice: 315-788-6063 Email: lydia.paige@us.af.mil						
9. PLEASE FURN	IISH QUOTATIONS TO THE ISSUING	12 Nov 20	029						
to the address in or to contract for	nis is a request for information and quot block 4a. This request does not comm supplies or services. Supplies are of d dequest for Quotations must be complet	it the Govern omestic origir	ment to pay an unless otherw	ny costs inc	urred in the prepar	ation of the su	ubmission of thi	s quotation	
			ıde applicable	Federal, St	ate and local taxes			_	
ITEM NO. (a)	SUPPLIES/SE (b)	RVICES			QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	
ATCH01 ATCH02 NOTE01	Concessionaire contract for GRIM'S Food Service at Suwon Ai See attached Performance Work Stat Standard Clauses ATTACHMENTS OSANF40083_Suwon Concessionaire 24.pdf (234 KB) Nonappropriated Fund Standard Clau KB) NOTES ADDITIONAL REQUIREMENTS FOR The contractors/bidders should submi business organization, experience for business certificates, insurance liabilit plaining to perform the service. If the requirement does not fully demo considered for a contract award.	ement (PWS)	ned 13 Aug 024).docx (65 cal proposal, ness, usiness		1	SV			
11. DISCOUNT FOR PROMPT PAYMENT - % 10		10 CALENDA) CALENDAR DAYS - % 20 CALEN		DAR DAYS - % 30 CALENDA		AR DAYS - %	CALENDAR DAYS - %	
12. NAME AND ADDRESS OF QUOTER (Street, City, State and ZIP) 13. S			13. SIGNATUR	I NATURE OF PERSON AUTHORIZED TO SIGN QUOTATION				14. DATE OF QUOTATION	
1				15. NAME AND TITLE OF SIGNER (Type or print) 16.				6. TELEPHONE NO. (include area code)	

TIEM NO. SUPPLESSENCES ON CONTINE YOUR PROPERTY OF THE PROPER	NONAPPROPRI	Page 2 of 2			
(a) (b) (c) (d) (e) (f) NOTE02 SITE VISIT: Offerors or quoters are urged and expected to inspect the site where the services are to be performed and satisfy themselves regarding all general and local conditions that may affect the cost of contract performance, to the extent that the information is reasonably obtainable. In no event shall failure to inspect the site constitute grounds for a claim after contract award. Site visit shall be conducted on 28 Oct 24 at 1000 thru 1200 at Community Activity, Bldg. 2201, Suwon Air Base, Point of Contact is Mr. Ohm, Kyu Sang, Telephone: 001-3226-2207 Email: kyu_sang.ohm.kr@us.af.mil and Mr. Cho Chae Sop at 010-7329-4556, che_sop.cho.1.kr@us.af.mil. POC shall be required to maintain a listing of contractors who attend the site survey by Name, Company,	ITEMANO			LINIT DDIOE	AMOUNT
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