NONAPPROPRIATED FUND REQUEST FOR QUOTATIONS (THIS IS NOT AN ORDER)								Page 1 of 1	
1. REQUEST NUMBER OSAN-F-25Q0003		2. DATE ISSUED 23 Oct 2024				3. PURCHASE REQUEST NUMBER OSANF50007			
4a. ISSUED BY:	ISSUED BY: NAF Accounting Office 51 FSS/FSRA UNIT# 2065 APO, AP 96278-2065 Mr. Chin, Email chun.chin.kr@us.af.mil , Vo 82-31-661-6469			ice: 82-31-661-8471, Fax:			5. DELIVERY BY (Date) 30 Nov 2024 6. DELIVERY TERMS		
						FOB Destination FOB Origin			
4b. FOR INFORMATION CALL: (Name and telephone number) (No collect calls) Mr. Chin at 0505-784-8471, chun.chin.kr@us.af.mil 7. TO: (Name and Address, including Zip Code)						8. SHIP TO (Consignee and address, including Zip Code) Osan Golf Course Unit# 2065 51 FSS/FSWG APO, AP 96278-2065 Su Yong O , Voice: 0505-784-6818			
9. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE ON OR BEFORE CLOSE OF BUSINESS (Date) 06 Nov 2								024	
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 do lequest for Quotations must be complet	it the Governme omestic origin ι	ent to pay an ınless otherw	ny costs inc	urred in the prepar	ation of the s	ubmission of thi	is quotation	
ITEM NO.	10. SCHEDULE (Include applicable Federal, State and local ta						UNIT PRICE	AMOUNT	
(a)	(b)				(c)	UNIT (d)	(e)	(f)	
0001	Zoysia grass sod 11,200M2 (44,800 each sod) Name of Goods: Zoysia Green (size: 420mmT) Unit: m2 (Square Meter) See attached Statement of Work for the				11,200	ME			
ATCH01	ATTACHMENTS Nonappropriated Fund Standard Clauses (1 May 2024).docx (65 KB)								
ATCH02	Golf Course_SOW_Grass sod_2024_updated 23 Oct 24.docx (15 KB) NOTES								
NOTE01	Sampling Requirement: Offerors or quoters are urged and expected to provide a sample sod (size: 400mmW x 600mmL x 20mmT) to FSRC office at 0505-784-8471 during the period of the Request for Quotation. If the sample does not provide, it will not be further considered for a contract award.								
11. DISCOUNT FOR	10 CALENDAR	ALENDAR DAYS - % 20 CALENDAR DAYS - %			30 CALENDAR DAYS - %		CALENDAR DAYS - %		
12. NAME AND ADDRESS OF QUOTER (Street, City, State and ZIP) 13. SIGNATURE OF PERSON AUTH						O SIGN QUOTA	ATION	14. DATE OF QUOTATION	
15. NAME AND TITLE OF SIGNER (Type or print)						t)	16. TELEPHON	NE NO. (include area code)	