NONAPPROPRIATED FUND REQUEST FOR QUOTATIONS (THIS IS NOT AN ORDER) Page 1 of 1								
1. REQUEST NU	IMBER OSAN-F-25Q0004		2. DATE 23 Oct	E ISSUED t 2024		3. PURCHA OSANF5	SE REQUEST	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) 30 Nov 2024		
						6. DELIVERY TERMS		
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) Outdoor Recreation Center		
7. TO: (Name and Address, including Zip Code)						51 FSS/FSWO UNIT #2065 APO, AP 96278-2065 , Voice: 82-31-661-1181, Fax: 01182316616469		
9. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE ON OR BEFORE CLOSE OF BUSINESS (Date) 05 Nov 2024								
to the address ir or to contract for	his is a request for information and quo block 4a. This request does not comn supplies or services. Supplies are of c Request for Quotations must be comple	nit the Govern Iomestic origir	ment to pay any n unless otherwi	y costs inc	urred in the prepar	ation of the s	ubmission of th	is quotation
10. SCHEDULE (Include applicable Federal, State and local taxes)								
ITEM NO. (a)	SUPPLIES/S (b)	ERVICES			QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
0001	NICHIYU PLATTER ELECTRIC FOR PLATTER ELECTRIC FORKLIFT ST Includes: Battery: 48V/290Ah, 1.5-ton capacity installed, control valve, 1070mm fork lights, solid tires (drive/caster), uretha booklet. See attached specifications for FBRM ATTACHMENTS	AND ON , 380V/3ph ch , side mirror, h ane tires (load 115-85-300	arger norn, warning), manual		1	EA		
ATCH01	Nonappropriated Fund Standard Clauses (1 May 2024) (2).docx (65 KB)							
ATCH02	CH02 OSANF50009_El forklift Specification_updated.pdf (382 KB) NOTES							
NOTE01	Warranty:							
	One (1) year or 1,000 hours of operation whichever comes first. Motor (hydraulic, steering and drive device), control units (MPU board) are 1 (one) year or 2,000 hours of operation whichever comes first.							
11. DISCOUNT FOR PROMPT PAYMENT - % 10 CALENDA			R DAYS - % 20 CALENDAR DAYS - % 30 CALENDAR D			AR DAYS - %	CALENDAR DAYS - %	
12. NAME AND AD	DRESS OF QUOTER (Street, City, State and	d ZIP)	13. SIGNATURE	OF PERS	ON AUTHORIZED TO	O SIGN QUOT	ATION	14. DATE OF QUOTATION
15. NAME AND TITLE OF SIGNER (Type or print) 16. TELEPHONE NO. (include area code)								NE NO. (include area code)