

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

1. REQUEST NUMBER OSAN-F-25Q0006	2. DATE ISSUED 18 Nov 2024	3. PURCHASE REQUEST NUMBER OSANF50014
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)  31 Mar 2025	
	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 0505-784-8471		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
7. TO: (Name and Address, including Zip Code)		

9. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE ON OR BEFORE CLOSE OF BUSINESS (Date) 27 Nov 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	Decoder (LSM-1) Toro Product: Decoder (LSM-1) See attached picture images	585	EA		
ATCH01	ATTACHMENTS Nonappropriated Fund Standard Clauses (1 May 2024).docx (65 KB)				
ATCH02	OSANF50014_picture images.pdf (237 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)