

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

1. REQUEST NUMBER OSAN-F-25Q0024	2. DATE ISSUED 19 Sep 2025	3. PURCHASE REQUEST NUMBER OSANF50359
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: 0505-784-8471, Fax: 82-31-661-6469	5. DELIVERY BY (Date) 29 Oct 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 Turumi Lodge 51 FSS/FSVL Unit #2065 APO, AP 96278-2065	
7. TO: (Name and Address, including Zip Code)		

9. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE ON OR BEFORE CLOSE OF BUSINESS (Date) 02 Oct 2025

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	Replacing Carpet to rubber tiles for the eight (8) designated Visiting quarters (VQ) rooms: 7005, 7006, 7007, 7008, 7009, 7010, 7011, 7012 and the hallway outside of these rooms. See attached Statement of Work	1	SV		
ATCH01	Nonappropriated Fund Standard Clauses 30 May 2025.docx (77 KB)				
ATCH02	OSANF50359_Turumi_SOW_replacing rubber tiles_17 Sep 25.pdf (180 KB)				
	NOTES				

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)

10. SCHEDULE (Include applicable Federal, State and local taxes)

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
NOTE01	<p>Site visit requirement:</p> <p>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.</p> <p>Site visit shall be conducted on 29 September 2025 at 1000hrs at Turumi Lodge at the bldg. 772, Osan AB, Point of Contact is Ms. Shereen Park, Telephone: (031) 660-5490 Email: shereen.mesa@us.af.mil or Mr. Kim, Hong Tak , Telephone: (031) 660-5491 Email: hong.kim.2.kr@us.af.mil.</p> <p>POC shall be required to maintain a listing of contractors who attend the site survey by Name, Company, Telephone Number, and E-mail address.</p>				