

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

1. REQUEST NUMBER OSAN-F-26Q0004	2. DATE ISSUED 27 Apr 2026	3. PURCHASE REQUEST NUMBER OSANF60269
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) 03 Jul 2026	
	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) Miscellaneous Morale & Welfare 51 FSS/FSWP 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) 15 May 2026

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	Fireworks Display for Liberty Fest 2026 Please see attached Statement of Work, Itemized list for Fireworks	1	SV		
ATCH01	ATTACHMENTS OSANF26Q0004_Firework Statement of Work (SOW).pdf (136 KB)				
ATCH02	OSANF26Q0004_Itemized list.pdf (187 KB)				
ATCH03	Nonappropriated Fund Standard Clauses_30 May 2025.docx (78 KB)				
NOTE01	NOTES The contractors/bidders must possess an explosive license and liability insurance for fireworks. Please include a copy of explosive license and insurance certificate to the envelope of the Request for Quotations. A detailed list of explosives is required with unit prices provided to each line item.				

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)