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

1. REQUEST NUMBER	2. DATE ISSUED	3. PURCHASE REQUEST NUMBER
OSAN-F-27Q0001	01 Oct 2026	OSANF60308

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)
31 Oct 2026

6. DELIVERY TERMS
☐ FOB Destination ☐ FOB Origin

4b. FOR INFORMATION CALL: (Name and telephone number) (No collect calls)
Mr. Chin at 0505-784-8471

7. TO: (Name and Address, including Zip Code)

8. SHIP TO (Consignee and address, including Zip Code)
Information Tickets & Travel
51 FSS/FSWI
Unit# 2065
APO, AP 96278-2065
Yong Sun Pang , Voice: 82-31-661-1701, Fax: 01182316616469

9. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE ON OR BEFORE CLOSE OF BUSINESS (Date) 15 Oct 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	Installation of the interior system: Audio System, Black Box Unit, TV & Interior for 2 buses of Hyundai Universe Noble EX 12.5 See attached Statement of Work and NAF Standard Clauses	2	EA		
	ATTACHMENTS				
ATCH01	Nonappropriated Fund Standard Clauses_30 May 2025.docx (79 KB)				
ATCH02	OSANF27Q0001_SOW_Bus Audio System & Accessary.pdf (196 KB)				
ATCH03	OSANF27Q0001_Appendix A Pircture Image.pdf (1 MB)				
ATCH04	OSANF27Q0001_Price List_2 Buses Audio system and Interior.pdf (126 KB)				
	NOTES				
NOTE01	Cost Breakdown Requirement: Offerors shall complete the attached price list by providing a unit price and total amount for each line item. Failure to provide a complete cost breakdown may result in the quotation being considered incomplete. Please review all entries carefully before submission.				

11. DISCOUNT FOR PROMPT PAYMENT - %	10 CALENDAR DAYS - %	20 CALENDAR DAYS - %	30 CALENDAR DAYS - %	CALENDAR DAYS - %

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)