REQUEST FOR QUOTATION
(THIS IS NOT AN ORDER)

THIS RFQ ☐ IS ☒ IS NOT A SMALL BUSINESS SET-ASIDE

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1. REQUEST NUMBER	2. DATE ISSUED	3. REQUISITION/PURCHASE REQUEST NUMBER	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1	RATING
PR11440075	03/02/2023	19C02023Q0004		

5a. ISSUED BY
EMBASSY OF THE UNITED STATES OF AMERICA

6. DELIVER BY *(Date)*
04/12/2023

5b. FOR INFORMATION CALL *(NO COLLECT CALLS)*

NAME	TELEPHONE NUMBER	
	AREA CODE	NUMBER
EILA M. SEPULVEDA	57601	2752000

7. DELIVERY ☐ FOB DESTINATION ☒ OTHER *(See Schedule)*

9. DESTINATION

a. NAME OF CONSIGNEE
EMBASSY OF THE UNITED STATES

8. TO:

a. NAME	b. COMPANY	b. STREET ADDRESS
	.	CR 45 #24B-27

c. STREET ADDRESS	c. CITY
	BOGOTA

d. CITY	e. STATE	f. ZIP CODE	d. STATE	e. ZIP CODE
BOGOTÁ				111321

10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS *(Date)*

IMPORTANT: This is a request for information and quotations furnished are not offers. If you are unable to quote, please so indicate on this form and return it to the address in Block 5a. 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 service. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotation must be completed by the quoter.

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

ITEM NUMBER (a)	SUPPLIES/SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
001	Structural engineering services for office, residential warehouse, utility and or industrial facilities or sites located in Colombia as directed by the Office of FAcility Management in Bogota				$0.00

12. DISCOUNT FOR PROMPT PAYMENT	a. 10 CALENDAR DAYS (%)	b. 20 CALENDAR DAYS (%)	c. 30 CALENDAR DAYS (%)	d. CALENDAR DAYS NUMBER	d. CALENDAR DAYS PERCENTAGE

NOTE: Additional provisions and representations ☐ are ☐ are not attached.

13. NAME AND ADDRESS OF QUOTER	14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION	15. DATE OF QUOTATION
a. NAME OF QUOTER		
b. STREET ADDRESS	16. SIGNER	
	a. NAME *(Type or print)*	b. TELEPHONE AREA CODE
c. COUNTY COLOMBIA		57
d. CITY BOGOTA / e. STATE / f. ZIP CODE	c. TITLE *(Type or print)*	NUMBER

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STANDARD FORM 18 (REV. 6/1995)
Prescribed by GSA-FAR (48 CFR) 53.215-1(a)