

REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)		THIS RFQ <input checked="" type="checkbox"/> IS <input type="checkbox"/> IS NOT A SMALL BUSINESS SET ASIDE		PAGE 1 OF 20 PAGES
1. REQUEST NO. RFQ0023-13	2. DATE ISSUED 03/11/2013	3. REQUISITION/PURCHASE REQUEST NO. 2113ITPMG0150	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1	RATING
5a. ISSUED BY Equal Employment Opportunity Comm. 131 M Street N.E. 4th Floor Washington DC 20507			6. DELIVERY BY (Date)	
5b. FOR INFORMATION CALL: (No collect calls)			7. DELIVERY <input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)	
NAME Greta Nettles			9. DESTINATION	
AREA CODE 202			a. NAME OF CONSIGNEE Office of Information Technology	
TELEPHONE NUMBER 663-4214			b. STREET ADDRESS 131 M Street N.E.	
8. TO:			c. CITY Washington	
a. NAME			b. COMPANY Attn: EVERICK BOWENS	
c. STREET ADDRESS			c. CITY Washington	
d. CITY			d. STATE DC	
e. STATE			e. ZIP CODE 20507	
f. ZIP CODE			f. ZIP CODE 20507	
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 03/20/2013 1400 ET		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 services. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotations must be completed by the quoter.		

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

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
	See attached Attachment 1 and Contract Clauses				
0001	Law EDD Premium License	2	JA		
0002	Tiffing License	3	JA		
0003	OCR Expervision	6	JA		

12. DISCOUNT FOR PROMPT PAYMENT	a. 10 CALENDAR DAYS (%)	b. 20 CALENDAR DAYS (%)	c. 30 CALENDAR DAYS (%)	d. CALENDAR DAYS	
				NUMBER	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			16. SIGNER		b. TELEPHONE	
b. STREET ADDRESS					AREA CODE	
c. COUNTY			a. NAME (Type or print)		NUMBER	
d. CITY			e. STATE		f. ZIP CODE	
			c. TITLE (Type or print)			