REQUEST FOR QUOTATION

THIS RFQ IS NOT A SMALL BUSINESS SET-ASIDE

1. REQUEST NO. 2. DATE ISSUED 3. REQUISITION/PURCHASE REQUEST NO. 4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1
19TU1520Q3400 03/12/2020 PR8990530

5a. ISSUED BY
2020
U.S. EMBASSY ANKARA, TURKEY

5b. FOR INFORMATION CALL (NO COLLECT CALLS)
NAME
Eric Wilson
TELEPHONE NUMBER
+90 312 455 55 55

8. TO:
a. NAME
U.S. EMBASSY ANKARA
b. COMPANY
ATATURK BLV. NO:110

c. STREET ADDRESS
ANKARA, TURKEY
d. CITY
e. STATE
f. ZIP CODE

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)

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SUPPLIES/ SERVICES</th>
<th>QUANTITY</th>
<th>UNIT</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>VEHICLE PURCHASE with the FOLLOWING SPECIFICATIONS:</td>
<td>1 ea.</td>
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<tr>
<td></td>
<td>Body style: Pick-up or SUV</td>
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<td>BRAND:____________________</td>
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<td>Model Year: Minimum 2019</td>
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<td>Fuel type: Diesel</td>
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<td></td>
<td>Engine type: 2.0 - 4.0 Liter engine</td>
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<td>Transmission: Automatic Transmission,4WD/AWD</td>
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<td>Seating capacity: 5 seating</td>
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<td>Min. 40 cu. ft. storage capacity or cargo bed for a pick up</td>
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<td>GPS Navigation</td>
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<td>Air conditioning</td>
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<td>DETAILED SPECIFICATIONS ARE ATTACHED.</td>
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</table>

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 not attached.

13. NAME AND ADDRESS OF QUOTER

a. NAME OF QUOTER
b. STREET ADDRESS
c. COUNTY
d. CITY

14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION

15. DATE OF QUOTATION

16. SIGNER

a. NAME (Type or print)
b. TELEPHONE

c. COUNTY

d. CITY

e. STATE | f. ZIP CODE | c. TITLE (Type or print)

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