REQUEST FOR QUOTATION											PAGE	OF	PAGES			
(THIS IS NOT AN ORDER)			THIS RFQ X IS			IS NOT A SMALL BUSINE			JESS SET ASIDE				1			
			. DATE ISSUED 3. R		REQUISITION/PURCHASE REQUEST NO							F	RATING			
DOJ-ENR01-8-0045			9/17/2008					UNDER BD: AND/OR DN								
5a.ISSUED BY U. S. DEPARTMENT OF JUSTICE					•				6. DELIVERY BY (Date)				of Ord			
	Environment & Natural Resources Div										30 Days After Receipt of Ord 7. DELIVERY					
Executive Office P.O. BOX 7754										OTHER (See Schedule)						
601 D Street NW, Suite 2230											DESTINATION DESTINATION					
Washington DC 20044-7754									a.NAME OF CONSIGNEE U.S. Department of Justice							
	ALL: (No collect calls)															
NAME			TELEPHONE NUMBER  AREA CODE NUMBER					b. STREET ADDRESS								
									Environment & Natural Resources D 8050 Cryden Way							
a. NAME	PANY	NIV					J Cr	yden wa	Y							
a. NAIVIE	AINT	VI					ATTN: Tom Roberts									
c. STREET ADDRE							c. CITY									
						Forestville										
d. CITY	e. STATE f. ZIP CODE					d. STATE		e. ZIP CODE								
u. CII t			e. STATE T.	ZIF COL	JE.			MD								
						rmation, and quotations furnished are not										
	OFFICE IN BLOCK 5a ON LOSE OF BUSINESS (Date)		d in the preparation of				•				•					
09/22/20	08 1200 ET	-	inless otherwise indica e completed by the qu		uoter. Any repres	sentations a	nd/or certificati	ions attac	hed to thi	is Request for Qu	otations					
			11. SCHED	ULE (Incl	lude applicable F	ederal, Stat	e and local tax	(es)								
ITEM NO.					ERVICES			UNIT (d)		UNIT PRICE		AMOUNT (f)				
(a)	(b)									(e)						
	able le															
0001	REDWELDS (Item #: SMD 73810) (BX=BOXES)						250	BX								
	Delivery: 30 Days After Rec				seipt of Order											
0002	ARCHIVE BOX (Item (BD=BUNDLES)	117-8249)	7-8249)			70	BD									
Delivery: 30 Days After Rec			eceipt of	Orde	er											
a. 10 CALENDAR DAYS (%)					b. 20 CALEN	b. 20 CALENDAR DAYS (%)			. 30 CALENDAR DAYS (%)			d. CALENDAR DAYS				
12. DISCOUN									NUMBER		PERCENTAGE					
		<u> <u> </u></u>														
NOTE: Additional p	rovisions and representations	are		are not at	tached											
13. NAME AND ADDRESS OF QUOTER a. NAME OF QUOTER						14. SIGNATURE OF PERSON AUTHOR SIGN QUOTATION					15. DATE O	5. DATE OF QUOTATION				
a. NAME OF QUO	IEN															
b. STREET ADDRE	ESS							16.	SIGNER							
					a. NAME (Ty	pe or print)							EPHONE			
c. COUNTY											AREA CODE	=				
d. CITY e. STATE			f. ZIP CODE		c. TITLE (Type or print)						NUMBER					