

53.303

48 CFR Ch. 1 (10-1-02 Edition)

53.303 Agency forms.

53.303-254—53.303-347 Illustration of agency forms.

This section illustrates agency forms that are specified by the FAR for use in acquisitions. The forms are arranged numerically by agency. The numbering system is as indicated in 53.301.

EDITORIAL NOTE: The forms appearing in sections 53.303-DD-254 through 53.303-WH-347 follow the text of this subpart.

53.301-18 SF 18 (Rev. 6/95), Request for Quotations.

REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)		THIS RFG <input type="checkbox"/> IS <input type="checkbox"/> IS NOT A SMALL BUSINESS SET-ASIDE		PAGE OF PAGES	
1. REQUEST NO.		2. DATE ISSUED		3. REQUISITION/PURCHASE REQUEST NO.	
4. CERT FOR MAT. DEF. UNDER ROSA REG. 2 AND/OR DWS REG. 1		5. DELIVER BY (Date)		6. RATING	
7. ISSUED BY					
8. FOR INFORMATION CALL (NO COLLECT CALLS)					
9. DELIVERY		10. FOB DESTINATION		11. OTHER (See Schedule)	
NAME		TELEPHONE NUMBER		9. DESTINATION	
AREA CODE		NUMBER		a. NAME OF CONSIGNEE	
12. TO			b. STREET ADDRESS		
a. NAME		b. COMPANY		c. CITY	
c. STREET ADDRESS			d. STATE		
4. CITY		e. STATE		f. ZIP CODE	
g. STATE		h. ZIP CODE		i. ZIP CODE	
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5A ON OR BEFORE CLOSE OF BUSINESS (Date)		11. SCHEDULE (Include applicable Federal, State and local taxes)			
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 sponsor. Any representations and/or certifications attached to this Request for Quotations must be completed by the quotee.					
ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(a)	(b)	(c)	(d)	(e)	(f)
12. DISCOUNT FOR PROMPT PAYMENT					
a. 10 CALENDAR DAYS (%)		b. 20 CALENDAR DAYS (%)		c. 30 CALENDAR DAYS (%)	
NUMBER		PERCENTAGE		PERCENTAGE	
NOTE: Additional provisions and representations <input type="checkbox"/> are <input type="checkbox"/> 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		a. NAME (Type or print)		AREA CODE	
c. CITY		c. TITLE (Type or print)		NUMBER	
d. CITY		e. STATE		f. ZIP CODE	
g. STATE		h. ZIP CODE		i. ZIP CODE	
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STANDARD FORM 18 (Rev. 6-85) Prescribed by GSA - FAR (48 CFR) 53.215-1(a)					

[60 FR 34763, July 3, 1995]