REQUEST FOR QUOTATION
(THIS IS NOT AN ORDER)

THIS RFQ [X] IS [ ] IS NOT A SMALL BUSINESS SET ASIDE

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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	RATING
31040RFQ260000940	7/22/26			

5a. ISSUED BY: USCG Base Portsmouth

6. DELIVERY BY *(Date)*:

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

NAME	TELEPHONE NUMBER	
	AREA CODE	NUMBER
Keven D Weaver	757	483-8624

7. DELIVERY: [X] FOB DESTINATION [ ] OTHER (See Schedule)

9. DESTINATION

a. NAME OF CONSIGNEE: USCG Base Portsmouth ESD

8. TO:

a. NAME	b. COMPANY	b. STREET ADDRESS
Keven D Weaver	USCG Base Portsmouth	4000 Coast Guard Blvd

c. STREET ADDRESS	c. CITY
4000 Coast Guard Blvd	Portsmouth

d. CITY	e. STATE	f. ZIPCODE	d. STATE	e. ZIP CODE
Portsmouth	VA	23703	VA	23703

10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5A ON OR BEFORE CLOSE OF BUSINESS *(date)*: 08/12/2026

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)
1	UPS Replacement/Repair	1	JB		0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
	Emails Quotes to:				0.00
	Keven.D.Weaver@uscg.mil				0.00
					0.00
	Invoices MUST be submitted through IPP,				0.00
	Invoice Processing Platform				0.00
	www.ipp.gov				0.00
	Vendors doing business with the USCG				0.00
	must be registered in SAM (and ACTIVE),				0.00
	www.sam.gov				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 [X] 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		
d. CITY / e. STATE / f. ZIP CODE	c. TITLE *(Type or print)*	NUMBER

Previous edition not usable

STANDARD FORM 18 (Rev. 6-95)
Prescribed by GSA - FAR 48 (CPR) 53.215-1(a)

Reset