

HEPP - REQUEST FOR QUOTE (RFQ) FORM

Control/Tracking Number (MAX - 15 alphanumeric characters): _____

CUSTOMER INFO:

Requesting Customer/Activity Name: _____

Ordering DoDAAC: _____

POC Reviewing Quotes: _____

*Please Provide a Signed NDA for **each** POC with your request*

ITEM INFO:

Item Nomenclature:

HEPP Product Group:

Explanation of Intended Use:

Quantity: _____ Ea.

DELIVERY INFO:

Location: _____ Ship-To DoDAAC: _____

Complete Delivery Address:

For OCONUS Deliveries:

Destination:

For Port: TAC and TCN Numbers must be provided

"Mark For" Address:

TYPE OF FUNDING:

MIPR: _____ Milstrip: _____ Direct Cite (Only DLA Distribution): _____

Special Instructions or Other Considerations:

Certify this request is true and accurate to the best of your knowledge: