

REQUEST FOR QUOTATIONS					Page <u> 1 </u> of <u> 1 </u>
(This is not an order)					
Date Issued: 8/6/2008		Purchase Requisition No.: 081260144		Please furnish quotations to us on or before COB of:	
Issued By & Address: Arcata Associates Building 4875 Warehouse 6 Lilly Drive Edwards, CA 93523 jennifer.e.campbell@nasa.gov Fax: 661-276-6092			Delivery: <input type="checkbox"/> FOB <input type="checkbox"/> ORIGIN <input type="checkbox"/> OTHER Shipping Location: <u>Edwards, CA 93523</u>		
For more information, please contact: (No collect calls allowed) Jennifer Campbell 661-276-3760			Estimated Delivery Date:		
To: (Name and Address)			Destination: (Consignee and Address) Arcata Associates Building 4875 Warehouse 6 Lilly Drive Edwards, CA 93523		
Business Classification (Check appropriate boxes): <input type="checkbox"/> LARGE BUSINESS <input type="checkbox"/> SMALL BUSINESS					
Types: <input type="checkbox"/> Small Disadvantaged <input type="checkbox"/> Women-Owned <input type="checkbox"/> Veteran-Owned <input type="checkbox"/> Service Disabled Veteran-Owned <input type="checkbox"/> HUB Zone					
IMPORTANT: This is a request for information and quotation only. If you are unable to quote, please so indicate on this form and return it. This request does not commit Arcata 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 form must be completed by the quoter. Acceptance of attached terms and conditions <input type="checkbox"/>					
<input type="checkbox"/> Please check if unable to provide a quote.					
SCHEDULE (Include applicable federal, state, and local taxes) <input type="checkbox"/> Please check if items are tax exempt. (Attach separate sheet as needed)					
ITEM NO. (a)	SUPPLIES/SERVICES (b)	QTY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
1	822-1707-002 - RT-1851A(C), Warrior	4	EA		
	First 2 to be delivered in 3 months				
	Remaining 2 to be delivered in 5 months				
TOTAL AMOUNT					
Discount for prompt payment _____ % 10 calendar days _____ % 20 calendar days _____ % 30 calendar days _____ % _____ calendar days					
Name & Address of Quoter:		Signature of Person authorized to sign quotation:		Date of Quotation:	
		Name & Title of Signer:		Phone No.:	

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(Continuation Page)

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ITEM NO. (a)	SUPPLIES/SERVICES (b)	QTY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
TOTAL AMOUNT					

Discount for prompt payment _____ % 10 calendar days _____ % 20 calendar days _____ % 30 calendar days _____ % _____ calendar days

Name & Address of Quoter:	Signature of Person authorized to sign quotation:	Date of Quotation:
	Name & Title of Signer:	Phone No.: