

1. REQUEST NO. N00173-04-Q-0088	2. DATE ISSUED 5-10-04	3. REQUISITION/PURCHASE REQUEST NO. 68-8033-04	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1	RATING DO-C9
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5a. ISSUED BY
Supply Officer, Code 3411, Naval Research Laboratory, Washington DC 20375 5329

6. DELIVER BY (Date)

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

NAME Margaret Morton Code 3411	TELEPHONE NUMBER		7. DELIVERY <input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)
	AREA CODE 202	NUMBER 767-1993	9. DESTINATION

8. TO:

a. NAME All Quoters	b. COMPANY	a. NAME OF CONSIGNEE Naval Research Laboratory
c. STREET ADDRESS		b. STREET ADDRESS 4555 Overlook Avenue SW
d. CITY		c. CITY Washington
e. STATE	f. ZIP CODE	d. STATE DC
		e. ZIP CODE 20375 5329

10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date)
5-20-04

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 service. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotation 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)
See attached continuation sheets					

12. DISCOUNT FOR PROMPT PAYMENT	a. 10 CALENDAR DAYS (%)	b. 20 CALENDAR DAYS (%)	c. 30 CALENDAR DAYS (%)	d. CALENDAR DAYS NUMBER PERCENTAGE
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NOTE: Additional provisions and representations 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			16. SIGNER	
b. STREET ADDRESS				
c. COUNTY			a. NAME (Type or print)	b. TELEPHONE
d. CITY			AREA CODE	
e. STATE		f. ZIP CODE	b. TITLE (Type or print)	
			NUMBER	

NAME OF OFFEROR CONTRACTOR
 All Quoters

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001	<p>High Resolution X-Ray Diffractometer including:</p> <ul style="list-style-type: none"> a) Built in X-Ray Generator b) Modular High-Power X-Ray tube, ceramic body, Cu Anode c) Proportional detector, low noise, and related electronics d) Open Eulerian Cradle with x-y-z translation stage. e) Wafer holder for up to 100 mm dia wafers. <p>Manufacturer: Panalytical Inc Brand name or equal</p> <p>See Attachment 1</p> <p>Please include a published price list or a cost breakdown and return the RFQ package to the following fax number 202-767-6678 or 202-767-0685</p> <p>Any questions concerning this Request for Quotation (RFQ) must be emailed to SolQnA@condor.nrl.navy.mil at least five (5) days before closing date shown in block 10 on page 1 of RFQ.</p>	1	ea		