

REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)		THIS REQ. <input checked="" type="checkbox"/> IS <input type="checkbox"/> IS NOT A SMALL BUSINESS SET-ASIDE		PAGE OF PAGES 1 1
1. REQUEST NO. NC0173-04-00053	2. DATE ISSUED 03/26/2004	3. REQUISITION/PURCHASE REQUEST NO. 67-1002-C4	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1	RATING DO-C9
5a. ISSUED BY NRL, Supply Officer, Code 3410, Washington, DC 20375-5329			6. DELIVER BY /Date/	
5b. FOR INFORMATION CALL /NO COLLECT CALLS/				
NAME Ruthie Bradford		TELEPHONE NUMBER AREA CODE NUMBER (202) 434-1739 Ext.		7. DELIVERY <input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER /See Schedule/
8. TO:			9. DESTINATION	
a. NAME All Quoters		a. COMPANY		a. NAME OF CONSIGNEE Naval Research Laboratory
c. STREET ADDRESS			b. STREET ADDRESS 4555 Overlook Ave., SW, Bld 49	
d. CITY			c. CITY Washington	
e. STATE		f. ZIP CODE		d. STATE e. ZIP CODE DC 20375-5329
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS /Date/		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 quote. Any representations and/or certifications attached to this Request for Quotation must be completed by the quote.		
04/05/2004				

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 <input type="checkbox"/>	a. 10 CALENDAR DAYS (%)	b. 20 CALENDAR DAYS (%)	c. 30 CALENDAR DAYS (%)	d. CALENDAR DAYS	
				NUMBER	PERCENTAGE

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. TELEPHONE	
b. STREET ADDRESS						
c. COUNTY			a. NAME /Type or print/		AREA CODE	
d. CITY		e. STATE	f. ZIP CODE	c. TITLE /Type or print/		NUMBER

NAME OF OFFEROR CONTRACTOR

All Quoters

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001	<p>POWER SUPPLY LC1202-OEM-11kV-POS-480VAC LC1202 OEM series water-cooled capacitor charging power supply with 0-11kV, 12kj/sec average, 13.5kj/sec peak. Supply includes interface adaptor to optimize charge current with large load capacitor. All other parameters per standard product</p> <p>BRAND NAME OR EQUAL</p> <p>Any Questions concerning this RFQ should be-e-mailed to SolQnA@labmis.nrl.navy.mil 5 days prior to closing date shown in block 10 of page, 1. If available please include your company's published price list and/or cost breakdown and return RFQ package to the following Fax number 202-767-1708</p>	3	ea		