

Requisition Number 107773	Requisition Date June 7, 2002
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PURCHASE REQUISITION

Order Date	Order Number
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Originator Mike Agronin	Approvals as Applicable	Manager Don Figer	Dir. of Program Mgt.
Deliver To Mike Agronin	Total Est. Value \$5,000.00	Division Head	Director



SPACE TELESCOPE SCIENCE INSTITUTE
3700 San Martin Drive
Baltimore, MD 21218

Suggested Vendors	Name and Address	SDB
	Flex Circuit Design Company, 408-629-8343	

[x] Sole Source Vendor (Justification Attached)

Buyer Code		Delivery Required 07/03/2002	Delivery Promised			F Origin - PPY & CHG. O Origin - FRT. Allowed B Destination	Ship Via	Payment Terms
Item No.	OBS	Project/WBS	Trans Code	QTY	U/M	Description	Unit Price	Total Price
1	41.00.00	J0302	0545001	1	ea.	<p>The supplier shall design one Raytheon 290 customization circuit. Design services shall include the following.</p> <ol style="list-style-type: none"> 1.Creating the schematic diagram. 2.Extracting the netlist. 3.Designing the circuit. 4.Generating the Gerber files, fabrication, and assembly drawings. 5.Participating in one Preliminary Design Review (PDR), to be held via teleconference upon completion of the preliminary design of items 1-4. 6.Participating in one Critical Design Review (CDR), to be held via teleconference upon final completion of items 1-4. 7.Providing technical support to the circuit fabricator throughout the fabrication cycle. <p>Review documentation shall consist of items 1-4.</p> <p>Cost: Design services @ \$120/hr, not to exceed the amount stated in the purchase order.</p>	\$5,000.00	\$5,000.00

Technical Justification:

This circuit is required to test the Raytheon 290 detector pursuant to the objectives of NASA Grant J030.

Sole Source Justification:

Flex Circuit Design Co. has designed our last three circuits for detector testing; we have established a technical relationship with this company and the work to date has been superb.

Confirming Order To: DO NOT DUPLICATE	Maryland Sales Tax IS NOT Applicable	Govt. Property Requirements Mult. Bar Code [] DD 1419 Req'd Yes [] No []	TOTAL	
VENDOR: (Name, Address) Code No. _____		SHIP TO:		
Attention: _____		Attention: _____		
GSA Schedule IS [] IS NOT [] applicable RE: GSA Schedule No _____		BUYER: _____ DATE: _____		