



REQUEST FOR QUOTATIONS

(This is not an order)

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Date Issued: 5/27/2008	Purchase Requisition No.: 081170005	Please furnish quotations to us on or before COB of: 6/4/2008
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Issued By & Address: Arcata Associates Bldg 4876 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:
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For more information, please contact: (No collect calls allowed) Jennifer Campbell - 661-276-3760	Estimated Delivery Date:
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To: (Name and Address) L3 Communications/Communications Systems-West 640 North 220 West M/S/ F2E03 Salt Lake City, UT 84116 Jared Bergk - PH: 801-594-2366 / Fax: 801-594-2004	Destination: (Consignee and Address) Arcata Associates Building 4876 Warehouse 6 Lilly Drive Edwards, CA 93523
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Business Classification (Check appropriate boxes): LARGE BUSINESS SMALL BUSINESS

Types: Small Disadvantaged Women-Owned Veteran-Owned Service Disabled Vertran-Owned 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

Please check if unable to provide a quote.

SCHEDULE (Include applicable federal, state, and local taxes) 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	60069730-00 - Airborne Communication System Kits consisting with the following	2	ea		
	(2) AIDLAS, (1) CAMAs, (4) IRIDIUM Antennas				
2	GH Airborne Test Stand	1	ea		
3	GH Flight Line Support Equipment				
	Per attached Statement of Work				

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.: