Requisition Number **107843**	Requisition Date **June 26, 2002**	PURCHASE REQUISITION	Order Date	Order Number

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
	Pioneer Circuits, Inc. 714-641-3132	

[x] Sole Source Vendor (Justification Attached)

Buyer Code	Delivery Required **07/26/2002**	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.	One SB-290 flex circuit per design files and specifications to be provided to the supplier. - STScI shall provide the vendor will all connectors, diodes, and resistors. - The flexcircuit shall be delivered fully populated, assembled, and tested at room temperature. - The cable portion protruding from the bottom of the circuit shall be flexible, while the rest of the circuit shall be rigid. - The circuit shall operate at a temperature of 50° Kelvin (-273° centigrade), and at a vacuum of 10-6 Torr in a ground test dewar. Note that the flexible portion of the circuit will not be flexed during operation. - The circuit shall survive 1000 thermal cycles from 300° Kelvin (room temp.) to 50° Kelvin and back. Each cycle occurs over about a 48 hour period. -Expedited delivery - deliver in 4 weeks ARO	$5,000.00	$5,000.00

Technical Justification:

Circuit required for detector testing.

Sole Source Justification:

Pioneer was selected to buld a previous circuit after competitive bidding. They have now provided three cicuits with extremely satisfactory results.

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: _____