

Requisition Number 107654	Requisition Date May 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 \$4,631.00	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	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>One H2RG flex circuit per design files and specifications provided to the supplier.</p> <p>- STScI shall provide the vendor will all connectors, diodes, and resistors.</p> <p>- The flexcircuit shall be delivered fully populated, assembled, and tested at room temperature.</p> <p>- The cable portion protruding from the bottom of the circuit shall be flexible, while the rest of the circuit shall be rigid.</p> <p>- 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.</p> <p>- 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.</p> <p>-Delivery in 6 weeks ARO per PCI quote 17332</p>	\$4,631.00	\$4,631.00

Technical Justification:

Circuit required for detector testing.

Sole Source Justification:

Pioneer was selected to build a previous circuit after competitive bidding. They have now provided two circuits 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: _____	