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| Requisition Number 107279 | Requisition Date February 14, 2002 |
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PURCHASE REQUISITION

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| 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 \$290.00 | Division Head | Director |



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

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|--------------------------|------------------------------------------------|-----|
| Suggested Vendors | Name and Address | SDB |
| | Design Enterprises, John Shriver, 410-876-7721 | |
| | | |
| | | |

Sole Source Vendor (Justification Attached)

| | | | | | | | | |
|-----------------|----------------------------------------|--------------------|-------------------------------------------------------------------|------------|------------|---------------------------------------------------------------------------------------------------|-------------------|--------------------|
| Buyer Code | Delivery Required 03/16/2002 | 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 | 0545002 | 10 | ea. | "Electrical Feedthru Heat Sink", per drawing JHKJ24DD02. Drawing has been faxed to the vendor. | \$29.00 | \$290.00 |

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|------------------------------------------|-----------------------------------------|-----------------------------------------------------------------------------------|-------|
| 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 |
|------------------------------------------|-----------------------------------------|-----------------------------------------------------------------------------------|-------|

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|----------------------------------------|------------------|
| VENDOR: (Name, Address) Code No. _____ | SHIP TO: |
| Attention: _____ | Attention: _____ |

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|------------------------------------------------------------------------|-----------------------------|
| GSA Schedule IS [] IS NOT [] applicable RE: GSA Schedule No _____ | BUYER: _____ DATE: _____ |
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