

OREGON STATE UNIVERSITY REQUEST FOR QUOTE (RFQ)

| | | | | | ISSUE DATE: | | | 6/8 | /17 | | | |
|---|-----------------------------------|--------------------------------|---|--|-------------|---------------------------------------|------------------|---------------------------------|-----|------------|------------|--|
| RFQ# | | MA189184Q | | | RFQ DUE DAT | E: | 6/14/17 9:30 am | | | | | |
| DELIVER T | | | | 0: | | | | REQUESTED BY / RETURN QUOTE TO: | | | | |
| DEPARTMENT: PCMM | | | | | | NAME: | | Michele Andersen | | | | |
| ADDR | ESS: | 644 SW 13 th Street | | | E-MAIL: | AIL: michele.andersen@oregonstate.edu | | | | | | |
| CITY. | STATE ZIP: | Corvallis, Oregon 97333 | | | | TELEPHONE: | NE: 541-737-3667 | | | | | |
| | IRED DELIVE | | | | | FAX: | | 541-737-2170 | | | | |
| ITEM DESCRIPTION | | | | | | | | TTY UNIT UNIT PRICE TOTAL PRICE | | | | |
| 1 Digital Oscilloscope | | | | | | | 1 | | EA | ONIT TRIOL | TOTALTRIOL | |
| 1 | Minimum Requirements: | | | | | | - | | EA | | | |
| 4 angles input channels | | | | | | | | | | | | |
| 4 analog input channels 8 GHz analog bandwidth | | | | | | | | | | | | |
| 20 GSs/s sample rate | | | | | | | | | | | | |
| 100 Mpts of sample memory per channel 10 bit analog to digital appropriate (vertical recolution) | | | | | | | | | | | | |
| 10 bit analog to digital converter (vertical resolution). SMA (or compatible) signal input connections. | | | | | | | | | | | | |
| - Own (or companion) signal input connections. | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | d allowed. Shipping, freight and | | | | | ing | | | | |
| must be included in quoted prices. Add | | | | ditional costs for such are disalle | | | owe | ed. | | TOTAL | | |
| DELIVERY TIME AFTER RECEIPT OF ORDE | | | | R: | | | PF | PRICES VALID THROUGH: | | | | |
| | AL INSTRUCT | | VENDOR INFORMATION: | | | | | | | | | |
| Unless otherwise specified, all items quoted are to be new, unused and not remanufactured in any way. Brand names are for the purpose of describing and establishing the characteristics desired and are not intended to limit or restrict competition. Quoters | | | COMPA | NY: | | | | | | | | |
| | | | ADDRESS: | | | | | | | | | |
| | | | sired and are | CITY, STATE, ZIP: | | | | | | | | |
| may submit quotes for substantially equivalent | | | CONTACT NAME: | | | | | | | | | |
| products unless the RFQ provides that a specific brand is necessary because of compatibility | | | | E-MAIL | | | | | | | | |
| requirements, etc. All such brand substitutions shall be subject to approval by OSU. | | | | | | | | | | | | |
| 3. Quoters must clearly identify all products quoted. Brand name and model or number must be shown. | | | | TELEPHONE: | | | | | | | | |
| 4. Only | documents iss | sued as adde | FAX: VENDOR SIGNATURE: | | | | | | | | | |
| | change the RF U reserves the i | | By signature below the undersigned certifies that they are authorized to act on behalf of the | | | | | | | | | |
| item, partial or whole lots, groups of items or entire quote, whichever is in the best interest of OSU. | | | | quoter and will comply with all aspects of the quote herein. | | | | | | | | |
| 6. OSU may reject any Quote not in compliance with | | | | SIGNATURE: | | | | | | | | |
| the RFQ, attachments, and addenda, or if it is in the best interest of OSU. | | | | | | | | | | | | |
| 7. This RFQ form must be completed, signed and | | | | | | | | | | | | |
| returne | d with all require | d documents. | NAME/ | | <u> </u> | | | | | | | |
| | | | | | | ersity Standard | | | | | | |
| Services Purchase Order Construction Software. The indicated terms and conditions may be viewed at http://pacs.oregonstate.edu/terms-and-conditions | | | | | | | | | | | | |