



**OREGON STATE UNIVERSITY
REQUEST FOR QUOTE (RFQ)**

RFQ #		JK189334Q	ISSUE DATE:		July 25, 2017	
DELIVER TO:		REQUESTED BY / RETURN QUOTE TO:				
DEPARTMENT:	PCMM		NAME:	Jennifer Koehne		
ADDRESS:	644 SW 13 th Street		E-MAIL:	jennifer.koehne@oregonstate.edu		
CITY, STATE ZIP:	Corvallis, Oregon 97333		TELEPHONE:	541-737-7353		
REQUIRED DELIVERY DATE:	ASAP		FAX:	541-737-2170		
ITEM	DESCRIPTION	QTY	UNIT	UNIT PRICE	TOTAL PRICE	
1	Leica CM3050 S Research Cryostat	1	EA			
2	Leica CM3060S Silver Service Package: Configuration 4	1	EA			
3	Leica Knife holder base for CN and CE holder	1	EA			
4	Leica Power Cord USA/Japan NEMA5-20A-C19	1	EA			
5	Leica Specimen disc 40 mm	1	EA			
Brand Specific						
Delivery is f.o.b. destination, prepaid and allowed. Shipping, freight and handling must be included in quoted prices. Additional costs for such are disallowed.					TOTAL	
DELIVERY TIME AFTER RECEIPT OF ORDER:			PRICES VALID THROUGH:			
SPECIAL INSTRUCTIONS:			VENDOR INFORMATION:			
1. Unless otherwise specified, all items quoted are to be new, unused and not remanufactured in any way. 2. Brand names are for the purpose of describing and establishing the characteristics desired and are not intended to limit or restrict competition. Quoters may submit quotes for substantially equivalent products unless the RFQ provides that a specific brand is necessary because of compatibility 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. 4. Only documents issued as addenda by OSU serve to change the RFQ in any way. 5. OSU reserves the right to make the award by item, partial or whole lots, groups of items or entire quote, whichever is in the best interest of OSU. 6. OSU may reject any Quote not in compliance with the RFQ, attachments, and addenda, or if it is in the best interest of OSU. 7. This RFQ form must be completed, signed and returned with all required documents.			COMPANY:			
			ADDRESS:			
			CITY, STATE, ZIP:			
			CONTACT NAME:			
			E-MAIL:			
			TELEPHONE:			
			FAX:			
VENDOR SIGNATURE:						
<i>By signature below the undersigned certifies that they are authorized to act on behalf of the quoter and will comply with all aspects of the quote herein.</i>						
SIGNATURE:						
NAME/TITLE:						

This procurement is subject to the indicated Oregon State University Standard Terms and Conditions for: Goods Services Purchase Order Construction Software. The indicated terms and conditions may be viewed at <http://pacs.oregonstate.edu/terms-and-conditions>