

## OREGON STATE UNIVERSITY REQUEST FOR QUOTE (RFQ)

					ISSUE DATE:		Jur	ne 5, 20	12		
RFQ#		DL159998Q		RFQ DUE DAT	<b>E</b> :	Ju	ne 8, 2012, 3 PM				
DELIVER T			го:					REQUESTED BY / RETURN QUOTE TO:			
DEPARTMENT: College of Engineer			ring		NAME: Debora Lauer						
ADDRESS:		Kelley Engineering		E-MAIL:	MAIL:			Debora.Lauer@oregonstate.edu			
CITY, STATE ZIP:		Corvallis, OR 97331			TELEPHONE:		541-737-7343				
REQU	IRED DELIVE	RY DATE: July 2, 20	012		FAX: 5			541-737-2170			
Automatic Wafer Dicing Saw for Electronic Substraction  Minimum specifications and Capabilities:  1. Cut wafers up to 6 Inch diameter or 6 inch squathick.  2. Cut a wide range of materials including silicon, quartz, LiNbO3, and SiN  3. 3 micrometer accuracy  4. Fully automated & programmable 4-axis controtheta  5. Automatic z-height calibration  6. Automatic optical alignment of cuts to die feature, Footprint less than or equal to 1m by 1m  8. +/-3 micrometer accuracy over 150mm  MUST INCLUDE SHIPPING IN QUO					are, 1 mm glass, l: x, y, z and res	1	<b>Y</b>	Ea	UNIT PRICE	TOTAL PRICE	
	ery is f.o.b. o	destination, prepaid a in quoted prices. Ad	nd allowe	d. Shippi	ng, freight an			ing	TOTAL		
DELIVERY TIME AFTER RECEIPT OF ORDER:						i de partir	PRICES VALID THROUGH:				
1. Unle to be noway. 2. Brai and es are not Quoters equivale a spec compat substitu. 3. Quoted. be show 4. Only serve to 5. OSI item, pound of the control o	ew, unused and names are for tablishing the control to list and tablishing the control tablishing the control tablishing the control tablishing the control tablishing tablishin	ecified, all items quoted are I not remanufactured in any or the purpose of describing characteristics desired and mit or restrict competition. quotes for substantially less the RFQ provides that a necessary because of ents, etc. All such brand ubject to approval by OSU. early identify all products and model or number must sued as addenda by OSU of in any way. right to make the award by the post interest of OSU. y Quote not in compliance ents, and addenda, or if it is SU.	CITY, ST CONTAC E-MAIL: TELEPH FAX: By sign SIGNATI	SS:  TATE, ZIP:  CT NAME:  ONE:  mature below que  URE:	VENI the undersigned coter and will compl	DOR ertifii	t SIG es tha h all a	aspects of	authorized to act the quote herein.		
, ·		s subject to the indicate urchase Order Constr									

http://pacs.oregonstate.edu/terms-and-conditions