

PROCUREMENT AND PROPERTY MANAGEMENT DIVISION**BROOKHAVEN NATIONAL LABORATORY**

**Managed by Brookhaven Science Associates, LLC
under contract to the U.S. Department of Energy**

ACQUISITION MANAGEMENT SYSTEM FORM

Form No. AMS-Form-043

Revision No. 0.1

APPROVED BY:L. McKnight / 12/14/2020

PPM Manager/Date

Quotation Pricing Sheet

Reference: BSA Request for Quotation No. MV426853
MKS Vacuum Controllers, Gauges and Mount Kits or its Equivalents

Brookhaven National Laboratory
Brookhaven Science Associates, LLC
P.O. Box 5000 – Bldg. 902B
Upton, NY 11973

Attention: **Malen Valencia**
Buyer

To whom it may concern:

In compliance with your letter of solicitation dated 2/15/2023, we submit our Quotation No. _____ dated _____, for [MKS Vacuum Controllers, Gauges and Mount Kits or its Equivalents]

<u>Line</u>	<u>Item Description</u>	<u>Qty</u>	<u>UOM</u>	<u>Unit Price</u>	<u>Merchandise Amount</u>
1	937B-US-CLCLCT-NA005 MKS 937B gauge controller configured for two CCG sensors, one dual pirani card, and associated connectors including 37 pin d-sub crimp (accessory), 25 pin d-sub crimp (relay), 9-pin d-sub (serial), two pin LEMO (TTL), 2 sets for CCG (BNC, SHV, LEMOS), and two sets 9-pin d-sub (Pirani).	55.0000	EA		
2	104220236 CCG sensor Cold Cathode Sensor, 2.75" CFF mount, LEMO cable connectors, bakeable to 250C, Vacuum Baked.	20.0000	EA		
3	103170044SH Pirani Sensor Convection Enhanced Pirani Sensor, 2.75" CFF mount, bakeable to 250C, Vacuum Baked	76.0000	EA		
4	100007700 Mounting Kit, full rack	32.0000	EA		
5	937B-BH-CTCTCT-NA MKS 937B gauge controller configured for six Pirani sensors, associated connectors.	8.0000	EA		
6	RM-12 Mount kit, half rack	10.0000	EA		

Enclosure C

Total Price \$ _____ **Lead time** _____

This price shall remain firm for [60] days.

The terms of delivery and payment terms are FOB Destination, Net 30 Days.

Concurrence:

By signing this Quotation Pricing Sheet, our firm hereby acknowledges and agrees to BSA's requirements, terms and conditions, and delivery schedule, and agrees to provide the resources necessary to meet BSA's delivery schedule.

Company _____ **Signature** _____

Address _____ **Typed Name** _____

_____ **Title** _____

Telephone No. ____ (____) _____ **Date** _____