COMPETITIVE SOLICITATIONS

QUOTE #

REQUEST NUMBER	QTY	UI	VENDOR WO M SB LB		VENDOR WO M SB LB		VENDOR WO M SB LB		VENDOR WO M SB LB	
			UNIT PRICE	AMOUNT	UNIT PRICE	AMOUNT	UNIT PRICE	AMOUNT	UNIT PRICE	AMOUNT
$ TOTAL OF ITEMS QUOTED										
$ TOTAL OF ITEMS AWARDED										
F.O.B. POINT										
TERMS FOR PAYMENT										
DELIVERY DATE										
DATE OF AWARD										
ORDER NUMBER										
REMARKS										

HFL FORM 199
1 MAR 91

EDITION OF 1 APR 81 IS OBSOLETE.

Exhibit 9