

Request for Quotation - Transformers

Date: _____ Project Name: _____
Name: _____ Required quote date: _____
Company: _____ Type of quote required: _____
Address: _____ Budgetary estimate: _____
_____ Firm bid: _____
_____ Number of samples: _____
_____ Date samples required: _____
Phone: _____ Target price: _____
Annual usage: _____
Fax: _____ Project timing: _____
Email: _____ Quantities to quote: _____

Mechanical description (include drawings & specifications when possible):

Length: _____ Width: _____ Height: _____
Surface mount Through-hole Flying leads
Tape and reel: yes no
Special mechanical design requirements: _____

Electrical requirements:

• High Frequency Power

Operating frequency: _____ Input voltage(s): _____
Load current: _____ Output voltage(s): _____
Inductance: _____

• Signal Control

Source impedance: _____ Load impedance: _____
Operating frequency: _____

INPUT WAVEFORM

