



Request for Cost Form

RFC PROJECT NO. _____
 REQUESTED BY: _____
 DATE REQUESTED: _____

FOR
 MICROSUN'S
 INTERNAL USE
 ONLY

MANAGEMENT OVERRIDE- APPROVAL: _____
 BUDGETARY ONLY NO COST SHEET REQUIRED
 HIGH PRIORITY- APPROVAL: _____

Please complete all applicable (* indicate required) information

I. PROJECT INFORMATION:

*CUSTOMER: _____ ADDRESS: _____

*CONTACT NAME: _____ *PHONE: _____ *E-MAIL: _____

PROJECT NAME: _____ *ESTIMATED ANNUAL UNITS: _____ PRODUCT LIFE CYCLE: _____

*TARGET PRICE: _____ COMPETITION: _____ PRICE BREAK QUANTITIES: _____

*SCHEDULE: MASS PRODUCTION DATE: _____ PROTOTYPE QTY/ DATE: _____

PRODUCT SELECT ONE OR BOTH: BATTERY CHARGER: STAND-ALONE OR ON-BATTERY

*CLASSIFICATION: CONSUMER MEDICAL (SPECIFY CLASS): _____ OTHER: _____

COMMERCIAL GOVERNMENT: MILITARY ITAR

*END DEVICE / APPLICATION: _____

ARE SAMPLES OR SPECIFICATIONS AVAILABLE? SAMPLES SPECIFICATION (PLEASE ATTACH & COMMENT BELOW:)

II. ELECTRICAL REQUIREMENTS: PLEASE FILL IN ALL KNOWN INFORMATION

A. BATTERY REQUIREMENTS / SPECIFICATIONS:

*PACK NOMINAL VOLTAGE: _____ V *PACK CAPACITY: _____ mAh *SPECIFY: NOMINAL MINIMUM

NOTE: PACK CAPACITY MAY BE LOWER THAN CELL CAPACITY DUE TO SERIES IMPEDANCE AND CHARGE / DISCHARGE CONDITIONS.

CONFIGURATION: _____ SERIES _____ PARALLEL _____

*CHEMISTRY: Li-Ion Li-Polymer NiMH NiCd SLA Li-PRIMARY CUSTOM CELL ALLOWED

*CELL DESCRIPTION (MANUFACTURER PART NUMBER (IF KNOWN): _____ ALTERNATIVE ALLOWED

INTERNAL IMPEDANCE (IF KNOWN): _____ mΩ

*STORAGE TEMPERATURE: _____ °C TYPICAL _____ °C MINIMUM _____ °C MAXIMUM

PROTECTION:

PTC I_{HOLD}: _____ mA MANUFACTURER P/N: _____

TCO RATING: _____ °C MANUFACTURER P/N: _____

THERMISTOR R_{25°C}: _____ kΩ ± _____ % B_{25°C/85°C}: _____ K ± _____

MANUFACTURER P/N: _____

FUSE RATING: _____ A MANUFACTURER P/N: _____

CIRCUITRY: OVER VOLTAGE PROTECITON (OVP): _____ V UNDER VOLTAGE PROTECTION (UVP): _____ V

OVER CURRENT CHARGE PROT: _____ A OVER CURRENT DISCHARGE PROT: _____ A

*ARE THERE ANY VOLTAGE OR CURRENT TRANSIENTS WHEN INSERTING / OPERATING / REMOVING BATTERY FROM DEVICE OR CHARGER?

NO YES EXPLAIN: _____

B. DISPLAY & FUEL GAUGE REQUIREMENTS / SPECIFICATIONS (IF APPLICABLE):

COMMUNICATION: HDQ 1-Wire ID IC SDQ SMBus I²C OTHER: _____

DISPLAY: LED QTY: _____ COLOR: _____

LCD EXPLAIN: _____

ANY SPECIAL EEPROM / FLASH SETTINGS: _____

ADDITIONAL INFORMATION: PLEASE SKETCH / SPECIFY ANY ADDITIONAL INFORMATION NOT ALREADY CAPTURED ABOVE.

C. ***CHARGING REQUIREMENTS / SPECIFICATIONS:**

CHARGE PROFILE	MAIN CHARGE		TERMINATION					
	CONSTANT CURRENT (mA)	MAXIMUM VOLTAGE (mV)	TAPER CURRENT (mA)	DELTA V (<35°C) (mV)	dV/dt (mV/sec)	MAX TEMP. (°C)	dT/dt (°C/sec)	TIMER (hr)
NiCd / NiMH								
LI-ION / POLYMER								
SLA (SEALED LEAD ACID)								

*CHARGER INPUT VOLTAGE: _____ V MAXIMUM _____ V MINIMUM _____ Hz (IF AC) MAXIMUM CHARGING TIME: _____ MINUTES

CHARGE CONTROLLER IC MANUFACTURER: _____ MODEL: _____ ALTERNATIVE ALLOWED

* IS THE CHARGER: MULTI-CHEMISTRY EXPLAIN: _____

MULTI-BAY QTY: _____ CONSECUTIVE OR SIMULTANEOUS

DISPLAY: LED QTY: _____ COLOR: _____

LCD EXPLAIN: _____

*SELECT PLUG TYPE: US/ NORTH AMERICA EUROPEAN UK

*CHARGING TEMPERATURE: _____ °C TYPICAL _____ °C MINIMUM _____ °C MAXIMUM

D. ***DISCHARGING REQUIREMENTS / SPECIFICATIONS:**

*CONTINUOUS DISCHARGE CURRENT: _____ A NOMINAL _____ A MAXIMUM

PULSE DISCHARGE CURRENT: _____ A PEAK _____ sec PULSE WIDTH _____ A VALLEY _____ sec PERIOD

OTHER TRANSIENT / INRUSH: _____ A PEAK & DURATION: _____ SECONDS

*TERMINATION: _____ V EXPLAIN: _____

*DISCHARGING TEMPERATURE: _____ °C TYPICAL _____ °C MINIMUM _____ °C MAXIMUM

III. **MECHANICAL REQUIREMENTS:** PLEASE FILL IN ALL KNOWN INFORMATION. IF DRAWINGS EXIST, PLEASE ATTACH

A. ***PLASTIC ENCLOSURE:**

CHECK IF EXISTING & EXPLAIN

CHECK IF REQUIRED & EXPLAIN

PLASTIC PARTS	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
PLASTIC DESIGN	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
PLASTIC TOOLING	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
COSMETIC FINISH SPEC	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
COSMETIC FIT SPEC	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
TEXTURE SPEC	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

COLOR: _____ MATERIAL: _____ ADDITIVES: _____

B. ***PACK ELECTRICAL CONNECTOR/ CONTACTS:**

CONTACTS OR CONNECTOR: MANUFACTURER: _____ & PART NUMBER: _____

MATERIAL BASE: _____ PLATING MATERIAL: _____

THICKNESS: _____ HARDNESS: _____

C. **ASSEMBLY METHOD:**

ULTRASONIC ADHESIVE SOLVENT WATER PROOF (_____)

SNAPS SCREWS OTHER: _____

D. *LABEL STANDARD, OR SPECIFY: _____ *PACKING STANDARD OR SPECIFY: _____

IV. ***REGULATORY, AGENCY & OTHER TESTING REQUIREMENTS:**

<input type="checkbox"/> IATA (REQUIRED FOR LITHIUM PACKS)	<input type="checkbox"/> UL1642 (FOR CELL)	<input type="checkbox"/> CTIA IEEE CERTIFICATION
<input type="checkbox"/> MILITARY STANDARD 810F	<input type="checkbox"/> UL2054	<input type="checkbox"/> APQP
<input type="checkbox"/> MILITARY STANDARD 461	<input type="checkbox"/> IEC62133	<input type="checkbox"/> FMEA ANALYSIS
<input type="checkbox"/> CE MARK (FOR EUROPE)	<input type="checkbox"/> UL2054/UL60950-1/CSA C22.2	<input type="checkbox"/> FM CLASS: _____
<input type="checkbox"/> C-TICK (AUSTRALIA)	<input type="checkbox"/> UL60950-1 (FOR ITE CHARGER)	<input type="checkbox"/> OTHER: _____
<input type="checkbox"/> PSE (JAPAN)	<input type="checkbox"/> UL60601-1 (FOR MEDICAL CHARGER)	<input type="checkbox"/> OTHER: _____
<input type="checkbox"/> CHINA ROHS	<input type="checkbox"/> EMC (FOR CHARGER)	<input type="checkbox"/> OTHER: _____

V. **ADDITIONAL INFORMATION:** PLEASE SPECIFY ANY ADDITIONAL INFORMATION NOT ALREADY CAPTURED ABOVE.
