

Phone (936) 468-2206 * Fax (936) 468-4282

PO Number: **B2000802**

PO Date: 03/03/20

Delivery Date:

Supplier:

Ricoh USA Inc PO Box 650016 Dallas TX 75265-0016

CONFIRM RECEIPT OF PURCHASE ORDER AND **ACCEPTANCE OF DELIVERY DATE** BY EMAILING PURCHASE@SFASU.EDU.

ioneskk2@sfasu.edu

Send Billing Invoice to:

Stephen F. Austin State University

P.O. Box 6085

Nacogdoches, TX 75962-6085 ATTN: Accounts Payable

Ship to: **Printing Services**

ResOps/Printsvc Rm 133 1924 N. University Dr SFA PO Box 6084 Nacogdoches TX 75965

PURCHASE ORDER NO. MUST APPEAR ON ALL Terms: Net 30 SHIPPING DOCUMENTS AND INVOICES FOB: Installed

Item Quantity **Unit Cost Total Cost** Description Quote #27880443 dated 02/21/2020 **DIR-CPO-4435** "Equipment is to be leased in accordance with the terms and conditions of the State of Texas Department of Information Resources Contract NO -DIR-CPO-4435 (2019) Appendix D Master Lease Agreement, it is acknowledged and agreed that this Purchase Order constitutes a "Schedule" as defined in the Master Agreement." Quantity and units shown are estimates for internal purposes only. Payment shall be made only for actual goods or services received.

Purchaser: Kim Jones (936) 4686551 ADDITIONAL CHARGE: Vendor ID: 20183485 DISCOUNT/TRADE-IN: Collegiate Licensed:

Req No: TOTAL: CONTINUED Employee/Employee Relationship: Blanket Order: **B2000802**

HUB Status: Purchase Class: DIR Contract

Vendor Warrant Hold process runs nightly and terminates any vendors on hold. Vendor EPLS status verified by Purchaser.



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Item	Description	Quantity	Unit Cost	Total Cost
1	Contact for Printing Department is Gavin McCarty - 936.468.1796 RE: R0070658 000P98112E RENTAL/LEASE, EQUIPMENT NOT OTHERWISE CLA Ricoh L5160 Configurable PTO Model Ricoh L5160 Branding Set Pro L5160 Printer Stand Ricoh Attention Light Type C2 Ricoh L5160 CMYK and White Start Up Supplies			43,540.80

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ltom				
Item	Description	Quantity	Unit Cost	Total Cost
	(OA) Install Training			
	Freight			
	Technical Installation of Hardware			
	(OA) WF Additional Day On-Site Training			
	Onyx Thrive 421 - (4 RIPS, 2 Printers, 1 Job Editor)			
	(OOD) Onyx 5 Year Onyx Advantage Silver For Current Onyx Sitesolution Products			
	Serial #			

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Item	Description	Q	uantity	Unit Cost	Total Cost
	Contract Effective Date: Installation Date: Contract Term: This PO is for the period: All work is to be performed in a neat and workmanlike manner, site kept clean at all times, protection provided to avoid damage to landscaping and all adjoining property, including improvements, performed as quickly as possible consistent with best industry construction practices, and guaranteed for one (1) full year from date of completion against all defects.				
Purc	chaser: Kim Jones (936) 46869	551	ADDI	IONAL CHARGE:	

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tem	Description	Quantity	Unit Cost	Total Cost
and federal orders, ord regulations of duly considerations of duly considerations of duly considerations. All work is to be completed agreed by and between Contractor. Failure to clean-up) by the mutual deemed as a breach of damages in the amoun will be assessed, not as liquidated damages for Safe working conditions.	eted as mutually in the University and the complete work (including lly agreed date shall be if contract. Liquidated it of \$500.00 per calendar day is a penalty, but as such breach of contract. is must be maintained on it all times. Barricades and			

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Item Description Quantity Unit Cost Total Cost

necessary to prevent injury to persons or property. All reasonable precautions are to be taken.
Payment will be made lump-sum upon completion

The Contractor shall not commence work under this Contract until Contractor has obtained all the insurance required hereunder and certificates of such insurance have been filed with and reviewed by SFASU. Acceptance of the insurance certificates by SFASU shall not relieve or decrease the liability of the Contractor. If policies are not written for the amounts

or as otherwise mutually agreed between Contractor

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Blanket Order: **B2000802**Employee/Employee Relationship:

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Stephen F. Austin State University Procurement and Property Services

Procurement and Property Services
Nacogdoches, Texas 75962-3030
Phone (936) 468-2206 * Fax (936) 468-4282

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Item	Description	Quant	ity	Unit Cost	Total Cost
	specified below (except Workers' Compensation an Employer's Liability), Contractor shall carry Excess Liability insurance for any difference in amounts specified. If Excess Liability insurance is provided, it shall follow the form of the primary policy. This insurance shall not be canceled, limited in scope of coverage, or non-renewed until after thirty (30) days prior written notice, or ten (10) days for non-payment of premium, has been given the University. Contractor's insurance shall be deemed primary with respect to any insurance carried by Stephen F. Austin State University for liability arising out of operations under this Contract.				
	h 1/2 1 (000) 4004		40017	TIONAL CHARGE.	•

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Item	Description	Quantity	Unit Cost	Total Cost
	Stephen F. Austin State University, its officials, directors, employees, representatives and volunteers shall be named as additional insured. This is not applicable to the Workers' Compensation policy. The Workers' Compensation and Employer's Liability policy will provide a waiver of subrogation in favor of the University. The Workers' Compensation insurance coverage must include the responsibility of the Contractor to provide coverage for every worker either under the Contractor's policy or under the policy provided by a subcontractor. The Contractor's policy shall provide that, in the event that a subcontractor's policy fails to provide workers'			
Dive	chaser: Kim Jones (026) 4696	ADDI	TIONAL CHARGE:	L

Purchaser: Kim Jones **ADDITIONAL CHARGE:** (936) 4686551 **DISCOUNT/TRADE-IN:** Vendor ID: 20183485 Collegiate Licensed:

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Item	Description	C	Quantity	Unit Cost	Total Cost
	compensation coverage of a worker, that such insurance coverage is provided by the Contractor's policy. Unless otherwise provided for herein, the Contractor shall provide and maintain, until the Work covered in this Contract is completed and accepted by SFASU, the minimum insurance coverage as follows: TYPE OF COVERAGE / LIMITS OF LIABILITY Workers' Compensation Coverage OR Employer's Liability - \$1,000,000 occur/aggregate Comprehensive General Liability -\$1,000,000 each occurrence -\$2,000,000 general aggregate				
				The state of the s	i e e e e e e e e e e e e e e e e e e e

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m	Description	Quantity	Unit Cost	Total Cost
-\$2,000,000 product Comprehensive Autor -\$1,000,000 ea acc	its/completed operations aggr nobile Liability ident- Combined Single Limit			

Purchaser: Kim Jones(936) 4686551ADDITIONAL CHARGE:.00Vendor ID: 20183485Collegiate Licensed:DISCOUNT/TRADE-IN:.00Req No:
Blanket Order: B2000802Employee/Employee Relationship:TOTAL:43,540.80

HUB Status: Purchase Class: **DIR Contract**