

Nacogdoches, Texas 75962-3030

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

Supplier:

Xerox Corporation PO Box 827598 Philadelphia PA 19182-7598 PO Number: **B2100083**

PO Date: 05/07/21

Page 1

Delivery Date:

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

kathy.durrett@sfasu.edu

Send Billing Invoice to:

Stephen F. Austin State University

P.O. Box 6085

Nacogdoches, TX 75962-6085

ATTN: Accounts Payable

Ship to: School of Art

Art Bldg 101 721 Ag Art Dr SFA Box 13001

Nacogdoches TX 75962

Terms: Net 30

FOB: Installed

PURCHASE ORDER NO. MUST APPEAR ON ALL SHIPPING DOCUMENTS AND INVOICES

Item	Description	Quantity	Unit Cost	Total Cost
1	As per quote dated 4/8/21 RE: R0072934 Quantity and units shown are estimates for internal purposes only. Payment shall be made only for actual goods or services received Includes removal of W7845 serial #MX4505723 at end of lease upon delivery of new equipment 000P98527A RENTAL/LEASE, COPIER 48 Month Lease of Xerox C8145H	48.00 MTH	317.2200	15,226.56
_	-h K-II - D II - (000) 400 400 5	ADDITI	ONAL CHARCE.	

Purchaser: Kathy Durrett (936) 4684225 **ADDITIONAL CHARGE:** Collegiate Licensed: DISCOUNT/TRADE-IN: Vendor ID: 10008814

Req No: TOTAL: CONTINUED Employee/Employee Relationship: Blanket Order: **B2100083**

HUB Status: Purchase Class: Cooperative Purchase





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 PO Number: B2100083

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Item	Description	Quantity	Unit Cost	Total Cost
	-45 ppm Black -45 ppm Color -1 Line Fax -BR Finisher - 2/3 Hole Punch -Includes all supplies (except paper) -Includes analyst Services & Customer Education Region 4 ESC/Omnia R191104 Contract Serial #: XXXXXXXX Contract Effective Date: XX/XX/XXXX Installation Date: XX/XX/XXXX Contract Term: XX/XX/XXXX - XX/XX/XXXX			
2	000P98527B RENTAL/LEASE, COPY OVERAGE	50,000.00 EA	.0050	250.00
D	chaser: Kethy Durrett (000) 46940	ADDITI	IONAL CHAPGE:	

 Purchaser: Kathy Durrett
 (936) 4684225
 ADDITIONAL CHARGE:

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 Collegiate Licensed:
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Item	Description	Quantity	Unit Cost	Total Cost
	Black Copy Overages 10,000+			
3	000P98527B RENTAL/LEASE, COPY OVERAGE Color Copy Overages 5,000+	150,000.00 EA	.0406	6,090.00
4	000P98527A RENTAL/LEASE, COPIER	1.00 MTH	.0001	.00
	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			

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Item **Description** Quantity **Unit Cost Total Cost** practices, and guaranteed for one (1) full year from date of completion against all defects. Contractor shall comply with all local, state and federal orders, ordinances, laws, rules, and regulations of duly constituted authorities having jurisdiction over this work. All work is to be completed as mutually agreed by and between the University and the Contractor. Failure to complete work (including clean-up) by the mutually agreed date shall be deemed as a breach of contract. Liquidated damages in the amount of \$500.00 per calendar day will be assessed, not as a penalty, but as liquidated damages for such breach of contract. Safe working conditions must be maintained on

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Quantity

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Item

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Unit Cost

Description and around work site at all times. Barricades and other protective devices are to be used as necessary to prevent injury to persons or property. All reasonable precautions are to be taken.

Payment will be made lump-sum upon completion or as otherwise mutually agreed between Contractor and the University.

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

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Item	Description	Quantity	Unit Cont	Total Coat
Itelli	Description	Quantity	Unit Cost	Total Cost
	decrease the liability of the Contractor. If policies are not written for the amounts specified below (except Workers' Compensation and 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 to the University. Contractor's insurance shall be deemed primary with respect to any insurance carried by			
				1

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HUB Status: Purchase Class: Cooperative Purchase

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

Page 6



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Item **Description** Quantity **Unit Cost Total Cost** Stephen F. Austin State University for liability arising out of operations under this Contract. 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

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Item	Description	Quantity	Unit Cost	Total Cost
	policy shall provide that, in the event that a subcontractor's policy fails to provide workers' 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			

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Item	Description	Quantity	Unit Cost	Total Cost
	-\$1,000,000 each occurrence -\$2,000,000 general aggregate -\$2,000,000 products/completed operations aggr Comprehensive Automobile Liability -\$1,000,000 ea accident- Combined Single Limit	Quantity	- Onlit Cost	Total Cost
			FIGNIAL CHARGE	

Purchaser:Kathy Durrett(936) 4684225ADDITIONAL CHARGE:.00Vendor ID:10008814Collegiate Licensed:DISCOUNT/TRADE-IN:.00Req No:
Blanket Order:Employee/Employee Relationship:TOTAL:21,566.56

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Page 9