

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

PO Number: **B2100746**

PO Date: 05/06/21

Delivery Date:

CONFIRM RECEIPT OF PURCHASE ORDER AND

Supplier:

Sharp Electronics Corporation c/o Texas Document Solutions 100 Paragon Dr. Attn: Government Sales Montvale NJ 07645

ACCEPTANCE OF DELIVERY DATE BY EMAILING PURCHASE@SFASU.EDU.

ivancickn@sfasu.edu

Send Billing Invoice to:

Stephen F. Austin State University

P.O. Box 6085

Nacogdoches, TX 75962-6085 ATTN: Accounts Payable

Ship to: College of Forestry

Forestry Bldg 103B 419 College St E SFA Box 6109

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	Quantity and units shown are estimates for internal purposes only. Payment shall be made only for actual goods or services received. B2100746 / R0072950 000P98527A RENTAL/LEASE, COPIER 60 Month Lease -Sharp Color Copier MX-8081 Color Copier \$197.93 per month -MX-FN34 Finisher \$29.21 per month -MX R812 Paper Pass \$5.72 per month -MX-PN168 Hole Punch \$6.11 per month	60.00 MTH	246.8900	14,813.40

Purchaser: Nicole Ivancic (936) 4684472 **ADDITIONAL CHARGE:** Vendor ID: 20263696 DISCOUNT/TRADE-IN: Collegiate Licensed:

Req No: TOTAL: CONTINUED Employee/Employee Relationship: Blanket Order: B2100746

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
Item	MX-ES24ZNT Surge Protector \$3.57 per month Network Settings \$4.35 per month All inclusive cost per copy maintenance includes: -B/W cost per copy .0076 -Color cost per copy .0471 -All toner, staples, parts, labor and supplies (exludes paper) -Meter count taken monthly Includes all supplies, except paper. Monthly invoice includes maintenance for labor, toner, parts, service calls, initial setup training DIR-CPO-4433	Quantity	Unit Cost	Total Cost

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	Copier Serial #:XXXXXXXXX Contract Effective Date: XXXXXXX Installation Date: XXXXXXX Estimated Contract Term: 08/01/2021-07/31/2026			
2	000P98527C RENTAL/LEASE, PER COPY CHARGES Black cost per copy	425,000.00 EA	.0076	3,230.00
3	000P98527C RENTAL/LEASE, PER COPY CHARGES Color cost per copy	425,000.00 EA	.0471	20,017.50
		1.55	TONAL OLIABOT	

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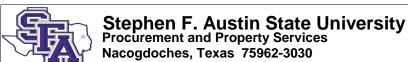
PURCHASE ORDER NO. MUST APPEAR ON ALL Terms: Net 30 SHIPPING DOCUMENTS AND INVOICES FOB: Installed

Item Quantity **Unit Cost Total Cost** Description 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. 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

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Item	Description	Quan	itv	Unit Cost	Total Cost
	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 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.				
		-			

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Stephen F. Austin State University Procurement and Property Services

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Item	Description	Quantity	Unit Cost	Total Cost
	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 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.			
Dura	haser: Nicola Ivancia (026) 4694	470 ADDIT	IONAL CHARGE:	

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	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 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			
	sharem Ni's Is I say's (000) 4004470	14551	TONAL CHARCE.	

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Description	Quantity	Unit Cost	Total Cost
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' 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			

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tem	Description		Quantity	Unit Cost	Total Cost
	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 -\$2,000,000 products/completed operations aggr Comprehensive Automobile Liability -\$1,000,000 ea accident- Combined Single Limit				
D	Shooper Alicele Issuesia (000) 4004	470	ADDIT	IONAL CHARCE.	0.0

Purchaser: Nicole Ivancic (936) 4684472 **ADDITIONAL CHARGE:** .00 Vendor ID: 20263696 **DISCOUNT/TRADE-IN:** .00 Collegiate Licensed: Req No: TOTAL: 38,060.90 Employee/Employee Relationship: Blanket Order: B2100746

HUB Status: Purchase Class: DIR Contract