

PO Number: **B2100747**

PO Date: 05/11/21

Page 1

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
	Quantity and units shown are estimates for internal purposes only. Payment shall be made only for actual goods or services received RE: B2100747 / R0072951			
1	000P98527A RENTAL/LEASE, COPIER	60.00 MTH	246.8900	14,813.40
	60 Month Lease -Sharp MX8081 Color Copier \$197.93 per month -MX-FN34 Finisher \$29.21 per month -MX-RB12 Paper Pass \$5.72 per month -MX-PN16B Hole Punch \$6.11 per month -MX-E524ZNT Surge Protector \$3.57 per month			

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

Req No: TOTAL: CONTINUED Employee/Employee Relationship:

Blanket Order: B2100747 **HUB Status:** Purchase Class: DIR Contract



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Item	Description	Quantity	Unit Cost	Total Cost
	-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 (excludes paper) -Meter count taken monthly DIR-CPO-4433 COPIER SERIAL NUMBER: XXXXXXXX Contract Effective Date:08/01/2021 Installation Date:XX/XX/XXXX			
				•

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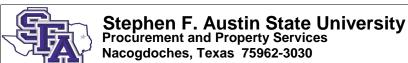
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Item **Unit Cost Total Cost** Description Quantity Contract Term: 08/01/2021-07/31/2026 2 000P98527C RENTAL/LEASE, PER COPY CHARGES 824,560.00 EA .0076 6,266.66 B/W cost per copy - \$.0076 3 000P98527C RENTAL/LEASE, PER COPY CHARGES 352,594.00 EA .0471 16,607.18 Color cost per copy - \$.0471 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

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Nacogdoches, Texas 75962-3030 Phone (936) 468-2206 * Fax (936) 468-4282 Page 4

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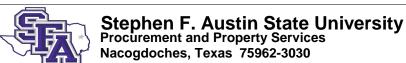
Terms: Net 30 FOB: Installed PURCHASE ORDER NO. MUST APPEAR ON ALL SHIPPING DOCUMENTS AND INVOICES

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

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Item	Description Description	Quar	ntity	Unit Cost	Total Cost
	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. 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				

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Req No: TOTAL: CONTINUED Employee/Employee Relationship: Blanket Order: B2100747

HUB Status: Purchase Class: DIR Contract



Stephen F. Austin State University Procurement and Property Services Nacogdoches, Texas 75962-3030 Phone (936) 468-2206 * Fax (936) 468-4282

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

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

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

Req No:
Blanket Order: **B2100747**Employee/Employee Relationship:

TOTAL: CONTINUED

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



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Terms: Net 30

FOB: Installed

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Item	Description	Quantity	Unit Cost	Total Cost
	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 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			
			•	•

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Req No: TOTAL: CONTINUED Employee/Employee Relationship: Blanket Order: B2100747

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n Description	Quantity	Unit Cost	Total Cost
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 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			

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TOTAL: CONTINUED

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



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I OD. IIIsta	ilieu			
tem	Description	Quantity	Unit Cost	Total Cost
-\$ ² -\$2 -\$2 Com	prehensive General Liability ,000,000 each occurrence ,000,000 general aggregate ,000,000 products/completed operations aggorehensive Automobile Liability ,000,000 ea accident- Combined Single Limi	ır		
Durchasarı	Nicola Ivancia (026) 46	04470 ADDI	TIONAL CHARGE:	00

Purchaser:Nicole Ivancic(936) 4684472ADDITIONAL CHARGE:.00Vendor ID:20263696Collegiate Licensed:DISCOUNT/TRADE-IN:.00Req No:
Blanket Order:Employee/Employee Relationship:TOTAL:37,687.23

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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