



# Stephen F. Austin State University

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

PO Number: **B2300749**

PO Date: **03/01/23**

Delivery Date:

**Supplier:**

Xerox Corporation  
PO Box 827598  
Philadelphia PA 19182-7598

**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:**

Alumni Association  
Alumni Bldg 101  
300 Vista Dr E  
SFA Box 6096  
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	<p>As per quote dated 1/23/23 ---- RE: R0077336 ---- Remove Xerox C8055H serial number 8TB650744 at time of delivery of new equipment. ---- Quantity and units shows are estimates for internal purposes only. Payment shall be made only for actual goods or services received.</p> <p>000P98527B RENTAL/LEASE, COPY OVERAGE 36 Month Lease of Xerox C8155H2 Copier located in the Alumni Association</p>	36.00 EA	395.3800	14,233.68

**Purchaser:** Kathy Durrett (936) 4684225

**ADDITIONAL CHARGE:**

Vendor ID: **10008814** Collegiate Licensed:

**DISCOUNT/TRADE-IN:**

Req No: Employee/Employee Relationship:

**TOTAL: CONTINUED**

Blanket Order: **B2300749**

HUB Status: Purchase Class: **Cooperative Purchase**

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
	-55 PPM Black -55 PPM Color -1 Line Fax -Booklet Finisher -Customer Education/Analyst Services Includes all supplies (except paper), Black copy print allowance of 10,000 per month and Color copy print allowance of 5,000 per month. ---- Texas Region 4 ESC/Omnia R191104 ---- Serial #: XXXXXXXX ---- Contract Effective Date: XX/XX/XXXX Installation Date: XX/XX/XXXX			

<b>Purchaser:</b> Kathy Durrett (936) 4684225 <b>Vendor ID:</b> 10008814 Collegiate Licensed: <b>Req No:</b> Employee/Employee Relationship: <b>Blanket Order:</b> B2300749 <b>HUB Status:</b> Purchase Class: <b>Cooperative Purchase</b>	<b>ADDITIONAL CHARGE:</b> <b>DISCOUNT/TRADE-IN:</b> <b>TOTAL: CONTINUED</b>
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	Contract Term: XX/XX/XXXX - XX/XX/XXXX			
2	000P98527B RENTAL/LEASE, COPY OVERAGE Black copy overage +10,001	30,000.00 EA	.0050	150.00
3	000P98527B RENTAL/LEASE, COPY OVERAGE Color copy overage +5,001	60,000.00 EA	.0406	2,436.00
4	000P98527A RENTAL/LEASE, COPIER  All work is to be performed in a neat and workmanlike manner, site kept clean at all times,	1.00 MTH	.0001	.00

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Req No: Blanket Order: <b>B2300749</b> Employee/Employee Relationship:	
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	<p>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.</p> <p>Contractor shall comply with all local, state and federal orders, ordinances, laws, rules, and regulations of duly constituted authorities having jurisdiction over this work.</p> <p>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</p>			

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Item	Description	Quantity	Unit Cost	Total Cost
	<p>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.</p> <p>Payment will be made lump-sum upon completion or as otherwise mutually agreed between Contractor and the University.</p> <p>----</p> <p>The Contractor shall not commence work under this Contract until Contractor has obtained all the</p>			

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	<p>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.</p> <p>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)</p>			

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	<p>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 Liability policy will provide a waiver of subrogation in favor of the University. The Workers' Compensation insurance coverage</p>			

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	<p>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.</p> <p>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:</p> <p>----</p>			

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Item	Description	Quantity	Unit Cost	Total Cost
	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 ----			

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<b>ADDITIONAL CHARGE:</b>	<b>.00</b>
<b>DISCOUNT/TRADE-IN:</b>	<b>.00</b>
<b>TOTAL:</b>	<b>16,819.68</b>

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