

Member of The University of Texas System

Procurement and Business Services Nacogdoches, Texas 75962-3030

Supplier:

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

Xerox Corporation PO Box 827598 Philadelphia PA 19182-7598 PO Number: **B2400108**

PO Date: 12/05/23

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 Nursing

> Nursing Bldg 5707 North St SFA Box 6156

Nacogdoches TX 75961

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 10/17/23 RE: R0079779 Quantity and units shown are estimates for internal purposes only. Payment shall be made only for actual goods or services received Includes removal of C8055 serial #EFQ644836 at the end of lease upon delivery of new equipment. 000P98527A RENTAL/LEASE, COPIER 36 Month lease of Xerox AltaLink C8170H	36.00 MTH	279.0800	10,046.88
	-h	ADDIT	ONAL CHARCE.	

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

Req No: Blanket Order: **B2400108**

Employee/Employee Relationship:

TOTAL:

CONTINUED

HUB Status: Purchase Class: DIR Contract



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Item	Description		Quantity	Unit Cost	Total Cost
	-70 ppm Black & Color -1 Line Fax -BR Finisher w/2-3 HP -Convenience Stapler DIR-CPO-4412 Serial #: Contract Effective Date: Installation Date: Contract Term:				
2	000P98527B RENTAL/LEASE, COPY OVERAGE		288,000.00	EA .0051	1,468.80
Puro	chaser: Kathy Durrett	(936) 4684225	A	DDITIONAL CHARGE:	

Purchaser: Kathy Durrett (936) 4684225 ADDITIONAL CHARGE:

Vendor ID: 10008814 Collegiate Licensed: DISCOUNT/TRADE-IN:

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Item	Description	Quantity	Unit Cost	Total Cost
	Black Copy Overages 25,000+			
3	000P98527B RENTAL/LEASE, COPY OVERAGE Color Copy Overages - No Overage Allowance Allowed	240,000.00 EA	.0456	10,944.00
4	000P98527B RENTAL/LEASE, COPY OVERAGE 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	1.00 EA	.0001	.00

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

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ltem	Description		Quantity	Unit Cost	Total Cost
fro and reg jur All ag Co cle de da wil	actices, and guaranteed for one (1) m date of completion against all de Contractor shall comply with all lod federal orders, ordinances, laws, gulations of duly constituted author isdiction over this work. work is to be completed as mutual reed by and between the University intractor. Failure to complete work an-up) by the mutually agreed date amed as a breach of contract. Liquid mages in the amount of \$500.00 p libe assessed, not as a penalty, build atted damages for such breach of e working conditions must be main	efects. cal, state rules, and ities having lly y and the (including e shall be uidated er calendar day it as of contract.			
Durchase	er: Kathy Durrett	(936) 4684225	ADDITI	ONAL CHARGE:	

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Item	Description Description		Quantity	Unit Cos	st	Total Cost
	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 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

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

Req No:

TOTAL: CONTINUED Employee/Employee Relationship: Blanket Order: B2400108

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

Item	Description		Quantity	Unit Coat	Total Coat
Item	Description		Quantity	Unit Cost	Total Cost
	Stephen F. Austin State University for liab arising out of operations under this Contra Stephen F. Austin State University, its officials, directors, employees, representa and volunteers shall be named as addition insured. This is not applicable to the Wor Compensation policy. The Workers' Compensation and Employ Liability policy will provide a waiver of subrogation in favor of the University. The Workers' Compensation insurance of must include the responsibility of the Contractoric provided coverage for every worker either the Contractor's policy or under the policy provided by a subcontractor. The Contractoric provided by a subcontractor.	act. act. a			
Purc	chaser: Kathy Durrett	(036) 4684225	ADD	TIONAL CHARGE:	

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

Req No: Blanket Order: **B2400108**

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TOTAL: CONTINUED

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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			

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

Req No:

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Page 9

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Item	Description	Quantity	Unit Cost	Total Cost
Rem	-\$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	Unit Cost	Total Cost
	chaser: Kathy Durrott (026) 469/	400	ITIONAL CHARGE:	00

Purchaser:Kathy Durrett(936) 4684225ADDITIONAL CHARGE:.00Vendor ID:10008814Collegiate Licensed:DISCOUNT/TRADE-IN:.00Req No:
Blanket Order:Employee/Employee Relationship:TOTAL:22,459.68

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