

Member of The University of Texas System

Procurement and Business Services Nacogdoches, Texas 75962-3030

Supplier:

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

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

Attn: Government Sales Montvale NJ 07645 CONFIRM RECEIPT OF PURCHASE ORDER AND ACCEPTANCE OF DELIVERY DATE BY EMAILING PURCHASE@SFASU.EDU.

Delivery Date:

PO Number: **B24A0779**

PO Date: 12/13/23

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: Human Services Dept (Clinics)

HSTC 205 2100 Raguet St N SFA Box 13019

Nacogdoches TX 75962

Terms: Net 30 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 good or services received RE: R0080077 Includes removal of Sharp MX-6070V, serial number 85104048 at time of delivery of new equipment. 000P98527A RENTAL/LEASE, COPIER 60 Month Lease of Sharp BP-70C55 Color Copier located in the Human Services Dept. Ste 205 - Sharp BP-70C55 Color Copier	60.00 MTH	159.6460	9,578.76
Dur	chaser: Kothy Durrott (026) 46942	OF ADDIT	IONAL CHARGE:	<u>'</u>

Purchaser:Kathy Durrett(936) 4684225ADDITIONAL CHARGE:Vendor ID:20263696Collegiate Licensed:DISCOUNT/TRADE-IN:

Req No:
Blanket Order: **B24A0779**Employee/Employee Relationship:

TOTAL: CONTINUED

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
	- BP-FN11 Stapling Finisher - MX-PN14B Hole Punch - BP-DE15 Paper Desk - BP-TR12 Right Side Exit Tray - BP-FXII Fax Module - Network Fee All inclusive maintenance includes: All toner, staples, parts, labor and supplies. Excludes paper Meter count taken monthly Serial # DIR-CPO-4433				
D	chaser: Kethy Durrett	(020) 4694225	ADDI:	TIONAL CHAPGE:	

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Item	Description	Quantity	Unit Cost	Total Cost
	Contract Effective Date: Installation Date: Contract Term:			
2	000P93927A M & R, COPY MACHINE/COPIER Black & White Copies	300,000.00 SRV	.0089	2,670.00
3	000P98527C RENTAL/LEASE, PER COPY CHARGES Color copies	85,500.00 EA	.0524	4,480.20
4	000P98527A RENTAL/LEASE, COPIER	1.00 MTH	.0001	.00

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Item	Description	Quantity	Unit Cost	Total Cost
	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			
	hann Kall D	ADDI	TIONAL CHARCE.	<u> </u>

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n Description	Quantity	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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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.	

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Item	Description	Quantity	U	nit Cost	Total Cost
	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				
			*		

Purchaser: Kathy Durrett (936) 4684225 **ADDITIONAL CHARGE:** DISCOUNT/TRADE-IN: Vendor ID: 20263696 Collegiate Licensed:

Req No: TOTAL: CONTINUED Employee/Employee Relationship: Blanket Order: **B24A0779**

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tem	Description	Quantity	Unit Cost	Total Cost
subrogation in The Workers must include to provide countractor provided by a policy shall publicy shall publicy shall publicy. Unless of Contractors	will provide a waiver of a favor of the University. Compensation insurance coverage the responsibility of the Contractor verage for every worker either under or's policy or under the policy a subcontractor. The Contractor's rovide that, in the event that a r's policy fails to provide workers' in coverage of a worker, that such verage is provided by the Contractor's merwise provided for herein, the hall provide and maintain, until the din this Contract is completed and			
Purchaser: Kathy [Ourrett (936) 4684	ODE ADI	DITIONAL CHARGE:	

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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			

Purchaser:Kathy Durrett(936) 4684225ADDITIONAL CHARGE:.00Vendor ID:20263696Collegiate Licensed:DISCOUNT/TRADE-IN:.00Req No:
Blanket Order:Employee/Employee Relationship:TOTAL:16,728.96

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