



# Stephen F. Austin State University

Member of The University of Texas System

Procurement and Business Services

Nacogdoches, Texas 75962-3030

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

Supplier:

MATHESON TRI-GAS INC  
DBA: MATHESON TRI GAS INC  
909 Lake Carolyn Pkwy Ste 1300  
Irving TX 75039-4821

Page 1

PO Number: **B2600001**

PO Date: **09/01/25**

Delivery Date:

**CONFIRM RECEIPT OF PURCHASE ORDER AND  
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:**

Donna Shelton  
Procurement and Business Svcs  
Austin Bldg 131  
2102 Alumni Dr  
SFA Box 13030  
Nacogdoches TX 75962

**Terms: Net 30**

**FOB: Vendor Delivery**

**PURCHASE ORDER NO. MUST APPEAR ON ALL  
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Item	Description	Quantity	Unit Cost	Total Cost
	<p>Texas Smart Buy #460-M2 ---- Quantity and units shown are estimates for internal purposes only. Payment shall be made only for actual goods or services received. ---- Supply and deliver gases to the University, as needed, to include the monthly cylinder lease, transportation fees and hazmat fees. ---- This PO covers: 9/01/2025 - 8/31/2026 ---- RE: B2600001 ---- 09/22/2025 INCREASE QTY LINE 3</p>			

**Purchaser:** Nicole Ivancic

(936) 4684472

Vendor ID: **20025321**

Collegiate Licensed:

Req No:

Employee/Employee Relationship:

Blanket Order: **B2600001**

HUB Status:

Purchase Class: **Cooperative Purchase**

**ADDITIONAL CHARGE:**

**DISCOUNT/TRADE-IN:**

**TOTAL: CONTINUED**

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
1	000P43042A GASES - ALL TYPES Assorted Gases, to include Specialty Gases, price not limited to commonly used items by department: -LIST PER DEPT / QUOTE	8,500.00 EA	1.0000	8,500.00
2	000P98112E RENTAL/LEASE, EQUIPMENT NOT OTHERWISE CLASSIFIED Annual Cylinder Lease, to include Specialty Gases, price not limited to leases listed below: -high pressure cylinders -liquid cylinders -high end cylinders	10,000.00 EA	1.0000	10,000.00
3	000P96246A TRANSPORTATION SERVICES, NOT OTHERWISE CLASSIFIED	500.00 LOT	1.0000	500.00

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Item	Description	Quantity	Unit Cost	Total Cost
4	Transportation fee(s) per invoice 000P92645A HAZARDOUS MATERIALS AND WASTE SERVICES Hazardous Material Fee(s) per invoice	200.00 LOT	1.0000	200.00
5	000P96339A FEES (NOT OTHERWISE CLASS.) Additional fees not otherwise classified ---- 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	100.00 SRV	1.0000	100.00

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Item	Description	Quantity	Unit Cost	Total Cost
	<p>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 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.</p>			

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Item	Description	Quantity	Unit Cost	Total Cost
	<p>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 insurance required hereunder and certificates of such insurance have been filed with and reviewed by SFASU. Acceptance of the insurance</p>			

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Item	Description	Quantity	Unit Cost	Total Cost
	<p>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) days for non-payment of premium, has been given to the University.</p> <p>Contractor's insurance shall be deemed</p>			

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Item	Description	Quantity	Unit Cost	Total Cost
	<p>primary with respect to any insurance carried by Stephen F. Austin State University for liability arising out of operations under this Contract.</p> <p>The Board of Regents of The University of Texas System, Stephen F. Austin State University Campus 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 provided by a subcontractor. The Contractor's</p>			

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	<p>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> <p>TYPE OF COVERAGE / LIMITS OF LIABILITY Workers' Compensation Coverage OR Employer's Liability - \$1,000,000 occur/aggregate Comprehensive General Liability</p>			

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	<ul style="list-style-type: none"><li>-\$1,000,000 each occurrence</li><li>-\$2,000,000 general aggregate</li><li>-\$2,000,000 products/completed operations aggr</li></ul> Comprehensive Automobile Liability <ul style="list-style-type: none"><li>-\$1,000,000 ea accident- Combined Single Limit</li></ul> ----			

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ADDITIONAL CHARGE:

.00

Vendor ID: **20025321**

Collegiate Licensed:

DISCOUNT/TRADE-IN:

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Req No:

Employee/Employee Relationship:

TOTAL:

19,300.00

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