

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: **B2600733**

PO Date: 08/19/25

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: Athletics Fieldhouse

Fieldhouse 712 Hayter St SFA Box 13010

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	As per quote dated 7/31/25 DIR-CPO-5425 RE: R0084492 Remove B8170H serial #HHZ762557 and C8170H2 #EFQ266873 at time of delivery of new equipment Quantity and units shown are estimates for internal purposes only. Payment shall be made only for actual goods or services received. 000P98527A RENTAL/LEASE, COPIER			11,862.00
Dur	chaser: Kathy Durrett (036) 4684	ADDIT	IONAL CHARGE:	

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

Req No: Total: Con

Req No:
Blanket Order: **B2600733**Employee/Employee Relationship:

TOTAL: CONTINUED

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



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

Item	Description		Quantity	Unit Cost	Total Cost
	36 Month Lease of Xerox C8270H2 - Fieldhouse #1 -70 ppm Black & Color -Booklet Finisher -Analyst Services -Customer Ed -Supplies (except paper) -Staples Serial # Contract Effective: Installation Date: Estimated Contract Term:	- Athletics			
Dure	chaser: Kathy Durrett	(036) 4684225	ADDIT	IONAL CHARGE:	

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

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Ship to: Athletics Fieldhouse

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Nacogdoches TX 75962

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

Item	Description	Quantity	Unit Cost	Total Cost
2	000P98527B RENTAL/LEASE, COPY OVERAGE Black and White Copies Over Print Allowance of 25,000	135,000.00 EA	.0051	688.50
3	000P98527C RENTAL/LEASE, PER COPY CHARGES Color Copies - No Print Allowance	380,000.00 EA	.0466	17,708.00
4	000P98527A RENTAL/LEASE, COPIER	36.00 MTH	329.5000	11,862.00
	36 Month Lease of Xerox C8270H2 - Athletics Fieldhouse #2			

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

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Item	Description		Quantity	Unit Cost	Total Cost
5	-70 ppm Black & Color -Booklet Finisher -Analyst Services -Customer Ed -Supplies (except paper) -Staples Serial # Contract Effective: Installation Date: Estimated Contract Term: 000P98527B RENTAL/LEASE, COPY OVERAGE		135,000.00 EA	.0051	688.50
Dur	chaser: Kathy Durrott	(026) 4694225	ADDIT	IONAL 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 and White Copies Over Print Allowance of 25,000			
6	000P98527C RENTAL/LEASE, PER COPY CHARGES Color Copies - No Print Allowance	100,000.00 EA	.0466	4,660.00
7	000P98527A RENTAL/LEASE, COPIER	1.00 MTH	.0001	.00
	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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Req No:
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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
	consistent with best industry constr practices, and guaranteed for one (from date of completion against all Contractor shall comply with all and federal orders, ordinances, law regulations of duly constituted auth jurisdiction over this work. All work is to be completed as mutu agreed by and between the Univers Contractor. Failure to complete wo clean-up) by the mutually agreed de deemed as a breach of contract. L damages in the amount of \$500.00 will be assessed, not as a penalty, liquidated damages for such breach	(1) full year defects. local, state vs, rules, and orities having ually sity and the ork (including ate shall be iquidated per calendar day but as			
Durc	haser: Kathy Durrett	(036) 4684225	ADDIT	IONAL CHARGE:	

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

Req No: TOTAL: CONTINUED Employee/Employee Relationship: Blanket Order: **B2600733**

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n Description	Quantity	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			

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

Req No:
Blanket Order: **B2600733**Employee/Employee Relationship:

TOTAL: CONTINUED

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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	tem	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.			

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

Req No: Employee/Employee Relationship: Blanket Order: **B2600733**

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primary with respect to any insurance carried by Stephen F. Austin State University for liability arising out of operations under this Contract. 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	

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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			

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Itom				
item	Description	Quantity	Unit Cost	Total Cost
Item	-\$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

Purchaser:Kathy Durrett(936) 4684225ADDITIONAL CHARGE:.00Vendor ID:10008814Collegiate Licensed:DISCOUNT/TRADE-IN:.00Req No:
Blanket Order:Employee/Employee Relationship:TOTAL:47,469.00

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