

## Stephen F. Austin State University

Member of The University of Texas System

Procurement and Business Services Nacogdoches, Texas 75962-3030

Supplier:

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

Littler Mendelson, P.C. PO Box 207137 Dallas TX 75320-7137 PO Number: **P2401906** 

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PO Date: 09/20/23

**Delivery Date: 08/31/24** 

CONFIRM RECEIPT OF PURCHASE ORDER AND ACCEPTANCE OF DELIVERY DATE BY EMAILING PURCHASE@SFASU.EDU.

joneskk2@sfasu.edu

Send Billing Invoice to:

Stephen F. Austin State University

P.O. Box 6085

Nacogdoches, TX 75962-6085 ATTN: Accounts Payable Ship to: April Smith

General Counsel Austin Bldg 310 2102 Alumni Dr SFA Box 13065

Nacogdoches TX 75962

Terms: Net 30

FOB: Not Applicable

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

Item	Description	Quantity	Unit Cost	Total Cost
	Quantity and units shown are estimates for internal purposes only. Payment shall be made only for actual goods or services received.			
1	000P96150A LEGAL SERVICES	50,000.00 SRV	1.0000	50,000.00
	Outside Counsel representation as needed during the period of 09/01/2023 - 08/31/2024 in accordance with Outside Counsel Contract # 2024-720-0300 fully executed by the UT System and (Internal contract # iContracts #1007691).			
	Hourly rates not to exceed: Attorney - Partner: \$525.00			

Purchaser: Kim Jones(936) 4686551ADDITIONAL CHARGE:Vendor ID: 20342348Collegiate Licensed:DISCOUNT/TRADE-IN:

Req No: R0079818
Blanket Order: TOTAL: CONTINUED

HUB Status: Purchase Class: Other State Agency Contracts

Vendor Warrant Hold process runs nightly and terminates any vendors on hold. Vendor EPLS status verified by Purchaser.

150002-11014-772580 \$50,000.00



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Item	Description	Quantity	Unit Cost	Total Cost
	Attorney - Of Counsel: \$525.00 Attorney - Associate: \$425.00 Non-Attorney Legal Work - Paralegal: \$225.00 Attorney - Shareholder: \$525.00 Attorney - eDiscovery Attorney: \$525.00 Other - Data and ESI Professionals: \$225.00 Travel rate may not exceed on-half of that attorney's hourly rate. Meals reimbursed at the expense rate of \$100.00 Please refer to contract for further detail.			
	-h (000) 4000FF		ITIONAL CHARCE.	00

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