

Member of The University of Texas System

Procurement and Business Services Nacogdoches, Texas 75962-3030

Supplier:

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

Payne Mechanical of Texas LLC DBA: Payne Mechanical Services 2000 S Eastman Rd Longview TX 75602-4636 PO Number: **P2601395** 

PO Date: 10/29/25

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**Delivery Date: 03/31/26** 

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

cwade@thepayneco.com

Send Billing Invoice to:

Stephen F. Austin State University

P.O. Box 6085

Nacogdoches, TX 75962-6085 ATTN: Accounts Payable Ship to: Kennith Hudson

Physical Plant Physical Plant 101 2104 Wilson Dr SFA Box 13031

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	Quote dated 10/07/2025 Re: Baker Pattillo Student Center Basement TIPS #210205 Quantity and units shown are estimates for internal purposes only. Payment shall be made only for actual goods or services received Work Order #25-300719 000P91468A PLUMBING SERVICES	Quantity  1.00 SRV	37,000.0000	37,000.00

Purchaser: Kim Jones(936) 4686551ADDITIONAL CHARGE:Vendor ID: 20541526Collegiate Licensed:DISCOUNT/TRADE-IN:

Req No: R0084967
Blanket Order: TOTAL: CONTINUED

HUB Status: Purchase Class: Coop - TIPS-TAPS

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** Provide labor and material to perform the following: Isolate condensate piping Demo existing pumps and fiberglass sump Install new 1/4" 304 stainless steel sump Install new Airflow AFP-AGU-F3DS dual pump package with control panel All necessary piping to tie in new sump and pumps to existing piping All necessary line voltage and control wiring between pumps and panel Start up and complete commissioning Clean up work area and discard old equipment Excluded:

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Item	Description	Quantity	Unit Cost	Total Cost
	Any parts and material that is not mentioned in the above scope of work   Clarifications: Sump will be constructed out of 1/4" 304 stainless steel and sized to match existing fiberglass sump New sump's location will match existing sump location, partially underground New pump package will include 2 new pumps matching gpm and foot head of existing pumps.   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			

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Item	Description	Quantity	Unit Cost	Total Cost
	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 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			
Dur	chaser: Kim Jones (026) 4696	EE4 ADDIT	IONAL CHARGE:	

Purchaser: Kim Jones ADDITIONAL CHARGE: (936) 4686551 DISCOUNT/TRADE-IN: Vendor ID: 20541526 Collegiate Licensed:

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FOB: Installed

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Item **Description Unit Cost Total Cost** Quantity 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. The Contractor shall not commence work under this Contract until Contractor has obtained all the insurance required hereunder and certificates of

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Item **Unit Cost Total Cost** Description Quantity 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. 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

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Item **Unit Cost Total Cost Description** Quantity 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. 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

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Item **Description** Quantity **Unit Cost Total Cost** the Contractor's policy or under the policy provided by a subcontractor. The Contractor's 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

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Item	Description	Quant	ity	Unit Cost	Total Cost
	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				
	shaper: Vim Janea (020) 4696		ADDIT	IONAL CHAPGE:	00

Purchaser: Kim Jones(936) 4686551ADDITIONAL CHARGE:.00Vendor ID: 20541526Collegiate Licensed:DISCOUNT/TRADE-IN:.00Req No: R0084967Employee/Employee Relationship:TOTAL:37,000.00

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