

**Stephen F. Austin State University**

Procurement and Property Services

Nacogdoches, Texas 75962-3030

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

PO Number: **B1900448**PO Date: **01/10/19**

Delivery Date:

Supplier:Xerox Corporation
PO Box 827598
Philadelphia PA 19182-7598**CONFIRM RECEIPT OF PURCHASE ORDER AND
ACCEPTANCE OF DELIVERY DATE
BY EMAILING PURCHASE@SFASU.EDU.**

batesat1@sfasu.edu

Send Billing Invoice to:Stephen F. Austin State University
P.O. Box 6085
Nacogdoches, TX 75962-6085
ATTN: Accounts Payable**Ship to:**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	<p>Quantity and units shown are estimates for internal purposes only. Payment shall be made only for actual goods or services received.</p> <p>---- RE: R0067048 ---- Per Pricing and terms of TCPN R150302.</p> <p>000P98527A RENTAL/LEASE, COPIER</p> <p>Copier #1: PPD Administrative Office: 60 month lease of Xerox C8045H copier -45 ppm black -45 ppm color</p>	60.00 MTH	157.6200	9,457.20

Purchaser: Andrea Bates

(936) 4684225

ADDITIONAL CHARGE:**DISCOUNT/TRADE-IN:****TOTAL: CONTINUED**

Stephen F. Austin State University is a tax exempt entity under Subtitle E, Chapter 151, Section 151.309 of the Tax Code, for purchases of tangible personal property herein purchased from contractor and/or shipper listed above, as this property is being secured for the exclusive use of the State of Texas.

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**ADDITIONAL TERMS & CONDITIONS LISTED ON THE UNIVERSITY WEB SITE,
<http://www.sfasu.edu/purchasing/721.asp>**

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STEPHEN F. AUSTIN STATE UNIVERSITY

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Item	Description	Quantity	Unit Cost	Total Cost
	-Copy/Print/Fax/Scan up to 11 x 17 size -Four paper trays -Stapling/Hole Punch -Standard Accounting Includes all supplies (except paper), BR Finisher, 1 line fax, customer education, analyst services and a 75,000 per month print allowance for black copies. Monthly invoice includes maintenance for labor, toner, parts, service calls, initial setup and training. ---- TCPN Contract #R150302 ---- Serial #: TBD ----			

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Item	Description	Quantity	Unit Cost	Total Cost
	Contract Effective Date: 02/01/2019 (Estimated) Installation Date: 02/01/2019 (Estimated) Contract Term: 02/01/2019 - 01/31/2024 (Est.) ---- This PO is for the period: 02/01/20XX - 01/31/20XX			
2	000P98527B RENTAL/LEASE, COPY OVERAGE Black copy overage rate after 75,000 copies per month allowance	3,000.00 EA	.0056	16.80
3	000P98527C RENTAL/LEASE, PER COPY CHARGES Per click color copy rate	60,000.00 EA	.0506	3,036.00
4	000P98527A RENTAL/LEASE, COPIER	60.00 MTH	65.8000	3,948.00

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Item	Description	Quantity	Unit Cost	Total Cost
	Copier #2: PPD Custodian Office: 60 month lease of Xerox B405DN copier -47 ppm black only -Copy/Print/Fax/Scan -Scan to email -Letter or legal paper -Two paper trays -Cabinet stand Includes all supplies (except paper), carrier delivery/installation, stand with storage and an additional 500-sheet tray. Monthly invoice includes maintenance for labor, toner, parts, service calls, initial setup and training. ----			

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	<p>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.</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</p>			

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	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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	<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 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</p>			

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	<p>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 primary with respect to any insurance carried by Stephen F. Austin State University for liability arising out of operations under this Contract.</p> <p>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.</p> <p>The Workers' Compensation and Employer's Liability policy will provide a waiver of</p>			

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	<p>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 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</p>			

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	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 ----			

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ADDITIONAL CHARGE:**.00****DISCOUNT/TRADE-IN:****.00****TOTAL:****16,502.70**

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STEPHEN F. AUSTIN STATE UNIVERSITY*Kelly Johnson*

Purchasing Officer