

**Stephen F. Austin State University**

Procurement and Property Services

Nacogdoches, Texas 75962-3030

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

PO Number: **B1900779**PO Date: **10/24/18**

Delivery Date:

**Supplier:**

Sharp Electronics Corporation  
 c/o Texas Document Solutions  
 100 Paragon Dr.  
 Attn: Government Sales  
 Montvale NJ 07645

lbianco@sfasu.edu

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

**Send Billing Invoice to:**

Stephen F. Austin State University  
 P.O. Box 6085  
 Nacogdoches, TX 75962-6085  
 ATTN: Accounts Payable

**Ship to:**

Human Services Dept (Clinics)  
 HSTC 205  
 2100 Raguet St N  
 SFA Box 13019  
 Nacogdoches TX 75962

**Terms: Net 30****FOB: Installed**

**PURCHASE ORDER NO. MUST APPEAR ON ALL  
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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.            ----            RE: R0066438</p> <p>000P98527A            RENTAL/LEASE, COPIER</p> <p>60 Month Lease            -Sharp MX-6070N Color Copier - \$127.83 per month            -MX-FN27N Inner Finisher - \$12.79 per month            -MX-PN148 Hold Punch Unit - \$6.11 per month            -MX-DE28N Paper Desk Unit - \$15.51 per month            -MX-TR19N Fax Exit Tray - \$1.61 per month</p>	60.00 MTH	175.0900	10,505.40

**Purchaser:** Linda Bianco

(936) 4684460

**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**

Purchasing Officer

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	-MX-FX15 Faxing Module - \$6.89 per month -Networking Fee - \$4.35 per month ---- All inclusive maintenance program includes: All toner, staples, parts, labor and supplies Excludes paper Meter count taken monthly. Average response time to service calls of 3.2 hrs. ---- Serial # ---- DIR-TSO-3155 ---- Contract Effective Date: Installation Date: 11/18/2018 est			

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	Contract Term: ---- This PO is for the period:			
2	000P93927A M & R, COPY MACHINE/COPIER All inclusive maintenance contract includes: -5,000 black copies per month	60.00 SRV	42.5000	2,550.00
3	000P98527B RENTAL/LEASE, COPY OVERAGE Black copy charges over 5,001+	300,000.00 EA	.0085	2,550.00
4	000P98527C RENTAL/LEASE, PER COPY CHARGES	37,500.00 EA	.0532	1,995.00

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	Color copies ---- 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. 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			

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	<p>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. 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</p>			

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	<p>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 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</p>			

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

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	<p>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 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</p>			

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	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 -\$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:****17,600.40**

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