



Stephen F. Austin State University

Procurement and Property Services
Nacogdoches, Texas 75962-3030
Phone (936) 468-2206 * Fax (936) 468-4282

PO Number: **B2200215**

PO Date: **09/01/21**

Delivery Date:

Supplier:

Otis Elevator Company
PO Box 730400
Dallas TX 75373-0400

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

ivancickn@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: Not Applicable

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

Item	Description	Quantity	Unit Cost	Total Cost
	<p>EXEMPT FROM BOARD APPROVAL POLICY 1.4 - Maintenance contracts associated with preventative and/or repair work for on-going maintenance or service provided on a scheduled or as-needed basis for equipment or software</p> <p>----</p> <p>Quantity and units shown are estimates for internal purposes only. Payment shall be made only for actual goods or services received.</p> <p>----</p> <p>Otis Contact: Bryan Hebert, Service Manager Phone: 409.899.5441 / 281.541.3389 / 560.660.1502 Gary Stark, Field Operations Supervisor Phone: 409.899.5441 ext.3 / 409.284.0942</p>			

Purchaser: Nicole Ivancic

(936) 4684472

ADDITIONAL CHARGE:

Vendor ID: **20101700**

Collegiate Licensed:

DISCOUNT/TRADE-IN:

Req No:

Employee/Employee Relationship:

TOTAL: CONTINUED

Blanket Order: **B2200215**

HUB Status:

Purchase Class: **Coop - Buyboard**

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



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1	<p>----- BuyBoard Contract #577-18, for the period 12/01/2018-11/30/2021 ----- This PO covers the period 09/01/2020 - 11/30/2021 ----- RE: R00XXXXX / B2100215</p> <p>000P91013A M & R, ELEVATORS</p> <p>Call-out rate DURING normal business hours. ----- Invoice #TBxxxx, dated xx/xx/xxxx Date of Service: xx/xx/xxxx</p>	150.00 SRV	285.0000	42,750.00

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2	Machine #xxxx / Location: xxxx -ENTER DESCRIPTION FROM SERVICE RECORD 000P91013A M & R, ELEVATORS Call-out rate AFTER normal business hours. ---- Invoice #TBxxxx, dated xx/xx/xxxx Date of Service: xx/xx/xxxx Machine #xxxx / Location: xxxx -ENTER DESCRIPTION FROM SERVICE RECORD	60.00 SRV	570.0000	34,200.00
3	000P91013A M & R, ELEVATORS	10,000.00 SRV	1.0000	10,000.00

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Item	Description	Quantity	Unit Cost	Total Cost
4	<p>Various other charges for elevator repair/projects not specified under the maintenance contract. Pricing shall be mutually agreed upon by SFASU and the Contractor before work is started.</p> <p>----- ENTER DESCRIPTION DETAILS AS NEEDED FROM PROPOSAL SPECS</p> <p>000P91013A M & R, ELEVATORS</p>	100.00 SRV	80.0000	8,000.00

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Item	Description	Quantity	Unit Cost	Total Cost
	Vehicle Charge ---- 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.			

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	<p>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 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</p>			

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	<p>or as otherwise mutually agreed between Contractor and the University.</p> <p>----</p> <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</p>			

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	<p>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 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'</p>			

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Item	Description	Quantity	Unit Cost	Total Cost
	<p>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 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</p>			

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	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 -\$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**Vendor ID: **20101700**

Collegiate Licensed:

DISCOUNT/TRADE-IN:**.00**

Req No:

Employee/Employee Relationship:

TOTAL:**94,950.00**Blanket Order: **B2200215**

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