

**Stephen F. Austin State University**

Procurement and Property Services

Nacogdoches, Texas 75962-3030

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

PO Number: **P2200240**PO Date: **08/01/21**Delivery Date: **07/31/22****Supplier:**Ebenconcepts Company  
921 S McPherson Church Rd  
Fayetteville NC 28303-5368**CONFIRM RECEIPT OF PURCHASE ORDER AND  
ACCEPTANCE OF DELIVERY DATE  
BY EMAILING PURCHASE@SFASU.EDU.**

fountaincw@sfasu.edu

**Send Billing Invoice to:**Stephen F. Austin State University  
P.O. Box 6085  
Nacogdoches, TX 75962-6085  
ATTN: Accounts Payable**Ship to:**Sonja Hendry-Witt  
Env Health-Safety-Risk Mgmt  
Safety Office  
430 E Austin  
SFA Box 6113  
  
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
1	EXEMPT FROM BOARD APPROVAL POLICY 1.4 - Insurance negotiated and/or approved by the State Office of Risk Management ---- Athletic Excess Insurance for the 2021-2022 season Effective Dates: 08/01/2021 - 07/31/2022 In accordance with RFP #ATH-INSURE-FY17 opened 05/26/2017, and iContracts #472488 ---- RE: R0073586 ---- 000P95306A INSURANCE	1.00 YRS	40,000.0000	40,000.00

**Purchaser:** Carol Fountain

(936) 4686495

**ADDITIONAL CHARGE:**Vendor ID: **20306199**

Collegiate Licensed:

**DISCOUNT/TRADE-IN:**

Req No:

Employee/Employee Relationship:

**TOTAL:****CONTINUED**

Blanket Order:

HUB Status:

Purchase Class: **Competitive Solicitation**

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

310030-95402-772040	\$40,000.00
310030-95402-772040	\$5,000.00
310030-95402-772040	\$4,000.00
310030-95402-772480	\$300,000.00

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Item	Description	Quantity	Unit Cost	Total Cost
2	Annual Premium 000P95306A INSURANCE	1.00 YRS	5,000.0000	5,000.00
3	Administrative fees 000P95306A INSURANCE  Insurance Coordinator Fee \$0.80 per student/per month ---- Quantity and units shown are estimates for internal purposes only. Payment shall be made	5,000.00 YRS	.8000	4,000.00

**Purchaser:** Carol Fountain

(936) 4686495

**ADDITIONAL CHARGE:**Vendor ID: **20306199**

Collegiate Licensed:

**DISCOUNT/TRADE-IN:**

Req No:

Employee/Employee Relationship:

**TOTAL: CONTINUED**

Blanket Order:

HUB Status:

Purchase Class: **Competitive Solicitation**

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Item	Description	Quantity	Unit Cost	Total Cost
4	only for actual goods or services received. 000P94874C PROF SRV, MEDICAL, ALL Self-Insured Retention Payment Pool ---- Quantity and units shown are estimates for internal purposes only. Payment shall be made only for actual goods or services received.	300,000.00 SRV	1.0000	300,000.00

**Purchaser:** Carol Fountain

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**ADDITIONAL CHARGE:****.00**Vendor ID: **20306199**

Collegiate Licensed:

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

Req No:

Employee/Employee Relationship:

**TOTAL:****349,000.00**

Blanket Order:

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