Stephen F. Austin State Univ Member of The University of Texas Sy Procurement and Business Services Nacogdoches, Texas 75962-3030 Supplier: Phone (936) 468-2206 * Fax (936) 468-428 Xerox Corporation PO Box 827598 Philadelphia PA 19182-7598 Iadonna.ohara@sfasu.edu Send Billing Invoice to: Stephen F. Austin State University P.O. Box 6085 Nacogdoches, TX 75962-6085 ATTN: Accounts Payable Terms: Net 30					PO Number: B2400147 PO Date: 06/17/24					
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1	Quantity and units shown are estimates for internal purposes only. Payment shall be made only for actual goods or services received. This PO is for the period: RE: B2400147 / R0081303 000P98527A RENTAL/LEASE, COPIER 48 Month Lease of Xerox B9110 (Work Room) 110 PPM Black Stapler/Finisher 2/3 Hole Punch					48.00 MT	47,951.52			
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The Contractor's policy shall provide that, in the event that a subcontractor's policy fails to provide workers' compensation cover	Member of The University of Texas System Procurement and Business Services Nacogdoches, Texas 75962-3030 Iier: Phone (936) 468-2206 * Fax (936) 468-4282 rox Corporation Dax 827598 iladelphia PA 19182-7598 Ct onna.ohara@sfasu.edu Ship to: Billing Invoice to: Ship to: aphen F. Austin State University Ship to: D. Sox 6085 Cogdoches, TX 75962-6085 TN: Accounts Payable Image: State of 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 the Contractor's policy or under the policy provide that, in the event that a subcontractor. 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Box 82758 SFA Box 6072 Nacogdoches; TX 75962-6085 Nacogdoches; TX 75962 TN: Accounts Payable Ship to: st: Net 30 PURCHASE ORDER NO. MUST APPE. stilateld Description Quantity applicable to the Workers' Compensation policy. The Workers' Compensation in favor of the University. The Workers' Compensation insurance coverage must include the responsibility of the Contractor subrogation in favor of the University. The Workers' Compensation insurance coverage must include the responsibility of the Contractor's policy sall provide da valver of subrogation in favor of the University. The Workers' Compensation insurance coverage must include the responsibility of the Contractor's policy sall provide that in the event that a subcontractor's policy rails to provide workers' compensation incoverage of a worker, that such insurance coverage is provided by the Contractor's policy. Unless otherwise provided for herein, the AdDitToNAL CHARGE: DiSCOUNT/TRADE-IN: ToTAL:

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	Member of The K Procurement and Bu- Jacogdoches, Texas Phone (936) 468-220 ation 98 PA 19182-7598 @sfasu.edu 2e to: stin State University TX 75962-6085 ts Payable Description r shall provide and m ered in this Contract by SFASU, the minimal as follows: COVERAGE / LIMIT Compensation Cove s Liability - \$1,000,00 ensive General Liabil 0,000 general aggreg 0,000 general aggre	Member of The University of Texas Sy Procurement and Business Services lacogdoches, Texas 75962-3030 Phone (936) 468-2206 * Fax (936) 468-428 ation 98 PA 19182-7598 @sfasu.edu texto: stin State University TX 75962-6085 ts Payable Description r shall provide and maintain, until the ered in this Contract is completed and by SFASU, the minimum insurance as follows: COVERAGE / LIMITS OF LIABILITY Compensation Coverage OR s Liability - \$1,000,000 occur/aggregate ensive General Liability 0,000 each occurrence 0,000 products/completed operations aggr ensive Automobile Liability 0,000 ea accident- Combined Single Limit ponna OHara (936) 4684 08814 Collegiate L Employee/Employee Rela	Alacogdoches, Texas 75962-3030 Phone (936) 468-2206 * Fax (936) 468-4282 ation 98 PA 19182-7598 © sfasu.edu 2e to: stin State University TX 75962-6085 ts Payable P Description r shall provide and maintain, until the ered in this Contract is completed and by SFASU, the minimum insurance as follows: COVERAGE / LIMITS OF LIABILITY Compensation Coverage OR 's Liability - \$1,000,000 occur/aggregate ensive General Liability 0,000 general aggregate 0,000 ea accident- Combined Single Limit 0,000 ea accident- Combined Single Limit vonna OHara (936) 4684584 08814 Collegiate Licensed: wontat	Member of The University of Texas System Incourement and Business Services Iacogdoches, Texas 75962-3030 Phone (936) 468-2206 * Fax (936) 468-4282 ation 98 PA 19182-7598 CONFIRM RECELI ACCEPTA By EMAILING By EMAILING @sfasu.edu Ship to: Charter Schoo ECRC 101 2428 Raguet S SFA Box 6072 Nacogdoches TX 75962-6085 SFA Box 6072 Nacogdoches Ship to: ts Payable PURCHASE ORD SHIPPING DO PURCHASE ORD SHIPPING DO Quantity r shall provide and maintain, until the ered in this Contract is completed and by SFASU, the minimum insurance as follows: Quantity COVERAGE / LIMITS OF LIABILITY Compensation Coverage OR s Liability - \$1,000,000 occur/aggregate ensive General Liability ,000 gend occurrence, 0000 genducts/completed operations aggr ensive Automobile Liability ,000 ea accident- Combined Single Limit ADD tonna OHara (936) 4684584 ADD 08814 Collegiate Licensed: DISI tontar Employee/Employee Relationship: DISI uot147 Employee/Employee Relationship: DISI	Member of The University of Texas System PO Number: rrocurement and Business Services PO Date: lacogdoches, Texas 75962-3030 Delivery Date: ation 98 9/A 19182-7598 CONFIRM RECEIPT OF PURCH. ACCEPTANCE OF DELIV BY EMAILING PURCHASE @ @sfasu.edu Ecrc 101 2428 Raguet St SFA Box 6072 Nacogdoches TX 75962 PURCHASE ORDER NO. MUST A SHIPPING DOCUMENTS AND by SFASU, the minimum insurance as follows: PURCHASE ORDER NO. MUST A SHIPPING DOCUMENTS AND VINIC Cost COVERAGE / LIMITS OF LIABILITY Compensation Coverage OR situability 0,000 general aggregate ensive General Liability 0,000 ea accident- Combined Single Limit ADDITIONAL CHARGE DISCOUNT/TRADE-IN 100147 Nonna OHara (936) 4684584 Collegiate Licensed: ADDITIONAL CHARGE DISCOUNT/TRADE-IN TOTAL	Member of The University of Texas System PO Number: B240 rocurement and Business Services PO Date: 06/17 lacogdoches, Texas 75962-3030 Delivery Date: g8 CONFIRM RECEIPT OF PURCHASE OF ACCEPTANCE OF DELIVERY D. BY EMAILING PURCHASE @SFASU @sfasu.edu Ship to: Chatter School ECRC 101 g2428 Raguet St SFA Box 6072 Nacogdoches TX 75962 PURCHASE ORDER NO. MUST APPEAR SHIPPING DOCUMENTS AND INVOL PURCHASE ORDER NO. MUST APPEAR SHIPPING DOCUMENTS AND INVOL r shall provide and maintain, until the ered in this Contract is completed and by SFASU, the minimum insurance as follows: Quantity Unit Cost COVERAGE / LIMITS OF LIABILITY Compensation Coverage OR s Liability - \$1,00,000 occur/aggregate ensive General Liability 0,000 each occurrence (),000 products/completed operations aggregates ensive Automobile Liability 0,000 each accident. Combined Single Limit ADDITIONAL CHARGE: DISCOUNT/TRADE-IN: TOTAL: nonna OHara (936) 4684584 Collegiate Licensed: DISCOUNT/TRADE-IN: TOTAL:	