



Stephen F. Austin State University

Member of The University of Texas System

Procurement and Business Services
Nacogdoches, Texas 75962-3030

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

Security Shredding
PO Box 3539
Lufkin TX 75903-3539

PO Number: **B2500231**

PO Date: **08/27/24**

Delivery Date:

**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:

Procurement and Business Svcs
Austin Bldg 131
2102 Alumni Dr
SFA Box 13030
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	<p>In accordance with Informal Bid # Document Destruction FY25 opened 08/23/2024 ----- Quantity and units shown are estimates for internal purposes only. Payment shall be made only for actual goods or services received. ----- Document Destruction Services in accordance with iContracts #785212 ----- This PO is for the period: 09/01/2024 - 08/31/2025 ----- RE: B2500231 / R00XXXXX</p> <p>000P96227A DOCUMENT DESTRUCTION/SHREDDING SERVICES</p>	150.00 SRV	25.0000	3,750.00

Purchaser: Nicole Ivancic

(936) 4684472

ADDITIONAL CHARGE:

Vendor ID: **20004989**

Collegiate Licensed:

DISCOUNT/TRADE-IN:

Req No:

Employee/Employee Relationship:

TOTAL:

CONTINUED

Blanket Order: **B2500231**

HUB Status:

Purchase Class: **Competitive Solicitation**

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



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Item	Description	Quantity	Unit Cost	Total Cost
2	<p>On-site destruction for first cabinet (35"h x 19"w x 19"d) for departments with a service schedule. ----- Service Charge will be per visit on a weekly, bi-weekly, monthly, bi-monthly, or quarterly as mutually agreed upon by the University Department and Contractor. Media will be destroyed on-site during each scheduled visit. ----- Container Location: XXXXXX Schedule: Every XXX month(s)</p> <p>000P96227A DOCUMENT DESTRUCTION/SHREDDING SERVICES</p>	60.00 SRV	15.0000	900.00

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3	<p>On-site destruction for each additional cabinet (35"h x 19"w x 19"d) for departments with a service schedule. ---- Service Charge will be per visit on a weekly, bi-weekly, monthly, bi-monthly, or quarterly as mutually agreed upon by the University Department and Contractor. Media will be destroyed on-site during each scheduled visit. ---- Container Location: XXXXXX Schedule: Every XXX month(s)</p> <p>000P96227A DOCUMENT DESTRUCTION/SHREDDING SERVICES</p>	100.00 SRV	35.0000	3,500.00

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Item	Description	Quantity	Unit Cost	Total Cost
4	<p>On-site destruction for 65 Gallon Container (41.3"h x 26.7"w x 28.1"d) for departments with a service schedule. ---- Service Charge will be per visit on a weekly, bi-weekly, monthly, bi-monthly, or quarterly as mutually agreed upon by the University Department and Contractor. Media will be destroyed on-site during each scheduled visit. ---- Container Location: XXXXXX Schedule: Every XXX month(s)</p> <p>000P96227A DOCUMENT DESTRUCTION/SHREDDING SERVICES</p>	60.00 SRV	35.0000	2,100.00

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TOTAL:

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Item	Description	Quantity	Unit Cost	Total Cost
5	<p>On-site destruction for 95 Gallon Container (44"h x 25"w x 34"d) for departments with a service schedule. ---- Service Charge will be per visit on a weekly, bi-weekly, monthly, bi-monthly, or quarterly as mutually agreed upon by the University Department and Contractor. Media will be destroyed on-site during each scheduled visit. ---- Container Location: XXXXXX Schedule: Every XXX month(s)</p> <p>000P96227A DOCUMENT DESTRUCTION/SHREDDING SERVICES</p>	30.00 SRV	30.0000	900.00

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DISCOUNT/TRADE-IN:

Req No:

Employee/Employee Relationship:

TOTAL:

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Item	Description	Quantity	Unit Cost	Total Cost
6	<p>On-site destruction for each additional container (65 gallon or 95 gallon) for departments with a service schedule. ---- Service Charge will be per visit on a weekly, bi-weekly, monthly, bi-monthly, or quarterly as mutually agreed upon by the University Department and Contractor. Media will be destroyed on-site during each scheduled visit. ---- Container Location: XXXXXX Schedule: Every XXX month(s)</p> <p>000P96227A DOCUMENT DESTRUCTION/SHREDDING SERVICES</p>	2,000.00 SRV	.1600	320.00

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DISCOUNT/TRADE-IN:

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Employee/Employee Relationship:

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Item	Description	Quantity	Unit Cost	Total Cost
	Off-site volume destruction associated with documents stored in university-owned boxes ----- Paper goods / documents offsite per pound - \$0.16 ----- Location: XXXXXX ----- 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			

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

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

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

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	<p>arising out of operations under this Contract. The Board of Regents of The University of Texas System, Stephen F. Austin State University Campus shall be named as additional insured. This is not applicable to 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 provided by a subcontractor. The Contractor's policy shall provide that, in the event that a subcontractor's policy fails to provide workers'</p>			

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	<p>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 coverage as follows:</p> <p>----</p> <p>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</p>			

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7	-\$2,000,000 products/completed operations aggr Comprehensive Automobile Liability -\$1,000,000 ea accident- Combined Single Limit ---- 000P96227A DOCUMENT DESTRUCTION/SHREDDING SERVICES Mixed Media destruction (micro-fiche, film, or tapes) - \$1.50 per pound or will negotiate depending on how many units ---- Location: XXXXXX	100.00 SRV	1.0000	100.00
8	000P96227A DOCUMENT DESTRUCTION/SHREDDING SERVICES	5,000.00 SRV	1.0000	5,000.00

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Item	Description	Quantity	Unit Cost	Total Cost
	Hard Drive destruction - \$12 each or will negotiate depending on how many units ---- Location: XXXXXX			

Purchaser: Nicole Ivancic (936) 4684472

ADDITIONAL CHARGE: .00

Vendor ID: **20004989** Collegiate Licensed:

DISCOUNT/TRADE-IN: .00

Req No: Employee/Employee Relationship:

TOTAL: 16,570.00

Blanket Order: **B2500231**

HUB Status: Purchase Class: **Competitive Solicitation**

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