

Member of The University of Texas System

Procurement and Business Services Nacogdoches, Texas 75962-3030

Supplier:

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

Quorum Group, LLC dba Takeform DBA: Takeform 11601 Maple Ridge Rd Medina NY 14103-9710 PO Number: **P2402616**

PO Date: 06/04/24

Page 1

Delivery Date: 07/31/24

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

krd@takeform.net

Send Billing Invoice to:

Stephen F. Austin State University

P.O. Box 6085

Nacogdoches, TX 75962-6085 ATTN: Accounts Payable Ship to: Wycliffe Njororai

Kinesiology and Health Sc Dept

HPE Bldg 204 1812 Raguet St N SFA Box 13015

Nacogdoches TX 75962

Terms: Net 30
FOB: Installed

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

Item	Description	Quantity	Unit Cost	Total Cost
1	Estimate #217189 dated 5/28/24. Lines 1&2 quoted off of TIPS #230301, line 3 Open Market. Estimate #220142 dated 5/28/24. Lines 4&5 quoted off of the Open Market. DELIVERY LOCATION - KINESIOLOGY ROOM 120 Delivery - 4 weeks after receipt of approvals VENDOR SHALL CONTACT THE SFA DESIGN CENTER 24-48 HOURS PRIOR TO THE SCHEDULED DELIVERY DATE, 936-468-1566. 000P01005A ACOUSTICAL TILES: WALL, CEILING, BAFFLING PANELS	8.00 EA	1,607.7700	12,862.16
	-h (Call Day (1)	ADDI	TONAL CHARCE.	

 Purchaser: Kathy Durrett
 (936) 4684225
 ADDITIONAL CHARGE:

 Vendor ID: 20505989
 Collegiate Licensed:
 DISCOUNT/TRADE-IN:

Vendor ID: 20505989 Collegiate Licensed: DISCOUNT/TRADE-IN:

Req No: R0080774

Employee/Employee Relationship:

TOTAL: CONTINUED

Blanket Order:

HUB Status: Purchase Class: Coop - TIPS-TAPS

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	Type OMP Oomph Clouds 4' x8' Waffle Cloud 000P01005A ACOUSTICAL TILES: WALL, CEILING, BAFFLING PANELS	16.00 EA	760.1200	12,161.92
	Type OMP.1 Wall Panels (47x107) Cleat Mount			
3	000P96286A FREIGHT, QUOTED Freight	1.00 FRT	592.4500	592.45
4	000P96246B INSTALLATION SERVICES, (NOT OTHERWISE CLASSIFIE	ED) 1.00 SRV	2,380.0000	2,380.00

Purchaser:Kathy Durrett(936) 4684225ADDITIONAL CHARGE:Vendor ID:20505989Collegiate Licensed:DISCOUNT/TRADE-IN:

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Item	Description	Quantity	Unit Cost	Total Cost
	Field Verification Site visit to confirm sign sizes/mounting methods (Required for Ceiling Oomph)			
5	000P96246B INSTALLATION SERVICES, (NOT OTHERWISE CLASSIF Labor Takeform Certified Installation Service - Standard Labor (Required for Ceiling Oomph) 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	ED) 1.00 SRV	5,500.0000	5,500.00

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Item Quantity **Unit Cost Total Cost** Description 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 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.

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Item	Description	Quantity	Unit Cost	Total Cost
	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 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			

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Nacogdoches, TX 75962-6085 ATTN: Accounts Payable

Ship to: Wycliffe Njororai

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Item	Description	Quantity	Unit Cost	Total Cost
	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 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			

Purchaser: Kathy Durrett (936) 4684225 **ADDITIONAL CHARGE:** DISCOUNT/TRADE-IN: Vendor ID: 20505989 Collegiate Licensed:

Req No: R0080774 TOTAL: CONTINUED Employee/Employee Relationship: Blanket Order:

HUB Status: Purchase Class: Coop - TIPS-TAPS

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911004-22322-773280 \$12,862.16 911004-22322-773280 \$12,161,92 911004-22322-773280 \$592.45 911004-22322-773280 \$2,380.00 911004-22322-773280 \$5,500.00



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Item	Description	Quantity	Unit Cost	Total Cost
	primary with respect to any insurance carried by Stephen F. Austin State University for liability 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			

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Item	Description	Quantity	Unit Cost	Total Cost
	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 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			

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Item	Description	Quantity	Unit Cost	Total Cost
	-\$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			
\vdash			1	I .

Purchaser:Kathy Durrett(936) 4684225ADDITIONAL CHARGE:.00Vendor ID:20505989Collegiate Licensed:DISCOUNT/TRADE-IN:.00Req No:R0080774Employee/Employee Relationship:TOTAL:33,496.53

HUB Status: Purchase Class: Coop - TIPS-TAPS

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