

Member of The University of Texas System

Procurement and Business Services Nacogdoches, Texas 75962-3030

Supplier:

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

Hobart Service 8120 Jetstar Dr Irving TX 75063-2805 PO Number: **P2500317**

PO Date: 08/20/24

Page 1

Delivery Date: 08/31/25

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

Lori.lacey@hobartservice.com

Send Billing Invoice to:

Stephen F. Austin State University

P.O. Box 6085

Nacogdoches, TX 75962-6085 ATTN: Accounts Payable Ship to: Mollie Rhodes

Student Center Administration

BP Student Ctr 1.309

222 Vista Dr

SFA Box 6094

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
	Contractor is hereby advised that the time and materials nature of this contract will require the following itemized information to be submitted with the invoice: A - an itemized list naming the employees performing work and the dates and times the work was performed B - an itemized list of materials used, if any, and their associated costs.			
1	000P93699A M & R, OTHER EQPT AND FURNISHINGS	1.00 SRV	48,268.0000	48,268.00
	Hobart Service Agreement for maintenance and inspection of Hobart Dishwashers for the period of			
		1	ONAL OUADOF	

Purchaser:Kathy Durrett(936) 4684225ADDITIONAL CHARGE:Vendor ID:20003154Collegiate Licensed:DISCOUNT/TRADE-IN:

Req No: R0081238
Blanket Order:

Employee/Employee Relationship:

TOTAL: CONTINUED

HUB Status: Purchase Class: **Proprietary Source - NonCompetitive**

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



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Item	Description	Quant	itv	Unit Cost	Total Cost
	09/01/2024 - 08/31/2025. In accordance with iContracts #206126.		·-,		
	Serial #: SN: 271125371, Model: FT900, Brand: Hobart SN: 271155081, Model: FT900, Brand: Hobart SN: 271155293, Model: FT900, Brand: Hobart SN: 271155570, Model: FT900, Brand: Hobart				
	24x7 Emergency Response (24hr Response Time) Hobart Care Unlimited Service Calls				
	All work is to be performed in a neat and workmanlike manner, site kept clean at all times,				

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tem	Description	Quantitu	Huit Coot	Total Cost
Item	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.	Quantity	Unit Cost	Total Cost
	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			
	h I/ II D	ADE	NTIONAL CHARGE.	

Purchaser: Kathy Durrett (936) 4684225 **ADDITIONAL CHARGE:** Vendor ID: 20003154 **DISCOUNT/TRADE-IN:** Collegiate Licensed:

Req No: R0081238 TOTAL: CONTINUED Employee/Employee Relationship: Blanket Order:

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Item	Description	Quantity	Unit Cost	Total Cost
	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 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			

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350010-53102-773670 \$48,268.00

HUB Status:



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n Description	Quantity	Unit Cost	Total Cost
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 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)			

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	Quantity	Unit Cost	Total Cost
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. 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			

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Descripti	on	Quantity	Unit Cost	Total Cost
to provide coverage for every wo the Contractor's policy or under the provided by a subcontractor. The policy shall provide that, in the explored subcontractor's policy fails to procompensation coverage of a wor insurance coverage is provided to policy. Unless otherwise provided for Contractor shall provide and mail Work covered in this Contract is accepted by SFASU, the minimu coverage as follows: TYPE OF COVERAGE / LIMITS	he policy e Contractor's vent that a vide workers' ker, that such by the Contractor's r herein, the ntain, until the completed and m insurance			

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Item	Description	Ou	antity	Unit Cost	Total Cost
	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		antity	Offic Cost	Total Cost
					_1

Purchaser:Kathy Durrett(936) 4684225ADDITIONAL CHARGE:.00Vendor ID:20003154Collegiate Licensed:DISCOUNT/TRADE-IN:.00Req No:R0081238Employee/Employee Relationship:TOTAL:48,268.00

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