

# FIXED ASSET



**FULLY EXECUTED - REPRINT**  
 Purchase Order No: 4300305626  
 Original PO Effective Date: 09/30/2011  
 PO Issue Date: 09/30/2011

Your SAP Vendor #: 157151

**Please Deliver To:**  
 Danville State Hospital  
 200 State Hospital Drive Maintenance  
 Danville PA 17821 US

**Supplier Name/Address:**  
 PINNACLE APC  
 1177 PITTSBURGH RD STE 203  
 VALENCIA PA 16059-3137 US

**Please Bill To:**  
 Commonwealth of Pennsylvania - PO Invoice  
 PO Box 69180  
 Harrisburg, Pennsylvania 17106

Supplier Phone Number: 7248981220

**Purchasing Agent**

Name: Kristina Robbins  
 Phone: 570.271.4578  
 Fax: 570.271.4593

**Purchase Order Description:**  
 2105-FPO Reeves#Drive FY11 Fixed Asset

In performing the services or furnishing the material covered by this Purchase Order, the supplier agrees to comply with the Standard Terms and Conditions for Purchase Orders Not Exceeding \$10,000, Form STD 280, located on the DGS website:  
[http://www.dgsweb.state.pa.us/comod/CurrentForms/STD280\\_SAP.doc](http://www.dgsweb.state.pa.us/comod/CurrentForms/STD280_SAP.doc)

Suppliers must provide four mandatory elements on PO invoices: PO Number, Invoice Date, Invoice Number, and Invoice Gross Amount. Failure to comply will result in the return of the invoice. Additional optional information such as supplier name, address, remit to information and PO Line Item information will improve invoice processing.

Item	Material/Service Desc	Qty	UOM	Delivery Date	Net Price	Price Unit	Total
1	0200 Case Reeves Parrellel Motodrive Vendor Product No.: P-6169	1.000	Each	10/28/2011	8,730.00	1	8,730.00

Information:

**Total Amount:**  
 SEE LAST PAGE FOR TOTAL OF ALL ITEMS

Currency: USD

Supplier's Signature \_\_\_\_\_  
 Printed Name \_\_\_\_\_

Title \_\_\_\_\_  
 Date \_\_\_\_\_



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Item	Material/Service Desc	Qty	UOM	Delivery Date	Net Price	Price Unit	Total
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Item Text  
0200 Case Reeves Parrallel Motodrive  
ID# R367354-001  
Size: 221  
Assm: 101  
Ratio: 3.4:1  
RPM: 1240/124  
Encl: XT.W/2HP motor at 1725  
Volt: 230/460  
Phase: 3  
Hertz: 60 TEFC

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**General Requirements for all Items:**

Header Text  
Reference Bid #6100019931

Please send a copy of all invoices to:

Danville State Hospital  
200 State Hospital Drive  
Danville, PA 17821  
Attn: Accounting

Thanks. Your cooperation is appreciated.

NOTE: To expedite your payment please ensure that you have the following mandatory info on your invoice:

\*PO Number and Line Item Numbers  
\*Invoice Date  
\*Invoice Number  
\*Gross/Total Amount

To further assist in prompt processing include the following:

\*Supplier Name and SAP Vendor Number  
\*Supplier Remit to Address and Fax Number  
\*Email Address of Supplier Contact Person  
\*Delivery Date

Delivery hours:  
Storeroom: 7:30am - 3:15pm

Information:

Total Amount: 8,730.00

Currency: USD



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**Supplier Name:**  
PINNACLE APC

No further information for this PO.

**Information:**

**Total Amount:**

8,730.00

**Currency:** USD