

SERVICE PURCHASE CONTRACT

ISSUING OFFICE		CONTRACTOR'S NAME & ADDRESS		SHOW THIS CONTRACT INQUIRY NUMBER ON INVOICE	
Office of the Chancellor Pennsylvania State System of Higher Education Dixon University Center 2986 North Second Street Harrisburg, PA 17110		HOUCK & COMPANY, INC. 7464 LINGLESTOWN RD HARRISBURG, PA 17112		SP 4000026864	
Contracting Officer Robert Gross Reference Number : SP		Contact Person Phone: Kristy Depew Fax:		PROVIDE SERVICE AND BILL TO: PASSHE Office of the Chancellor Dixon University Center 2986 North Second Street Harrisburg, PA 17110	
Effective Date:		Contractor's Federal Id or Soc.Sec.No			
Expiration Date: 06/30/2012		Contractor's License or Registration No.		CONTRACT NOT TO EXCEED \$ 9,000.00	

SPECIFIED	QUANTITY	UNIT PRICE	TOTAL PRICE
Amount shown on this order is a not to exceed value and there is no guarantee that the full value of the contract will be utilized.			
General Masonry work as needed General caulking and Masonry work, as needed, at the Dixon University Center for the period 7/1/11 through 06/30/12, per quote of September 22, 2011, attached. PASSHE contact: Mark Himes 717-720-4071			\$ 9,000.00
SERVICE CODE:		TOTAL ▶	\$ 9,000.00

In compliance with the contract terms, conditions and specifications, the undersigned, on behalf of the Contractor, which intends to be legally bound hereby, offers and agrees, to provide the specified services at the price(s) set forth above at the time(s) and point(s) specified. In addition to this document, the following contract terms, conditions and specification are a part of the contract :

1. STD-274 available at <http://www.passhe.edu/partners/Documents/STD-274Rev050704.pdf>

COMMONWEALTH SIGNATURE	CONTRACTOR'S SIGNATURE (IN INK)
PURCHASING AGENCY HEAD OR DESIGNEE DATE	PRESIDENT/VICE PRESIDENT/MANAGER/PARTNER/OWNER DATE (SIGN BELOW, PRINT NAME, AND CIRCLE TITLE)
APPROVED AS TO FISCAL RESPONSIBILITY, BUDGETARY APPROPRIATENESS AND AVAILABILITY OF FUNDS	
COMPTROLLER DATE	SECRETARY/ASSISTANT SECRETARY/TREASURER/ASSISTANT TREASURER DATE (SIGN BELOW, PRINT NAME, AND CIRCLE TITLE)

COMMONWEALTH ATTORNEY APPROVALS APPROVED AS TO FORM AND LEGALITY											
PURCHASING AGENCY ATTORNEY DATE				OFFICE OF GENERAL COUNSEL (IF REQUIRED) DATE				OFFICE OF ATTORNEY GENERAL (IF REQUIRED) DATE			

FUND	DEPT	APP.	YR	LDG	ORG	COST FUNCTION	OBJ	AMOUNT OF ENCUMBRANCE	PRE-EMCUMBRANCE NUMBER	AMT. OF PRE-ENC. LIQUIDATED	CODING
											PRE-AUDIT
											POSTED