COMMONWEALTH OF PENNSYLVANIA
STD-278P Rev.01/17/03

SERVICE PURCHASE CONTRACT

ICS: ☐ 310 ☐ 320

ISSUING OFFICE	CONTRACTOR'S NAME & ADDRESS	SHOW THIS CONTRACT INQUIRY NUMBER ON INVOICE
PA State System of Higher Education **West Chester University of Pennsylvania** **Purchasing Department** **201 Carter Drive, Suite 200** **West Chester, PA 19383**	**WATERPROOF CAULK & RESTORATION LLC** **437 W. GAY ST** **WEST CHESTER, PA 19380** **Contact Person Phone:** **Fax:**	**SP 4000026884** **PROVIDE SERVICE AND BILL TO:** **West Chester University of PA** **Accounts Payable** **201 Carter Drive, Suite 200** **West Chester, PA 19383**
Contracting Officer Phone: **Barbara Cooper Fax:** **Reference Number : SP**	**Contractor's Federal Id or Soc.Sec.No**	**Contact Person** **Theresa Firkaly Fax:**
Effective Date: / **Expiration Date:**	**Contractor's License or Registration No.**	**CONTRACT NOT TO EXCEED** **$ 9,958.00**

SPECIFIED	QUANTITY	UNIT PRICE	TOTAL PRICE
FHG Library Project # 7561200009 - Misc. Project Manager: Tom Clark 610-436-3599			
Caulking Services- 2 facades Scope of Work includes: Rooftop, Facades, Masonry as described in Proposal P126 dated 9/16/11, attached hereto.	9,958 LOT	$ 1.00	$ 9,958.00
SERVICE CODE:		**TOTAL ▶**	**$ 9,958.00**

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	CODED
											PRE-AUDIT
											POSTED