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
Cheyney University of Pennsylvania **Office of Contract Administration** **1837 University Circle** **Cheyney, PA 19319**	**KEOUGH ELECTRIC, INC.** **1430 S. HOWARD ST** **PHILADELPHIA, PA 19147** **Contact Person Phone:** **Jerome Keough Fax:**	**SP 4000027077** **PROVIDE SERVICE AND BILL TO:** **Cheyney University of Pennsylvania** **Accounts Payable Office** **ATTN: Karen Johnson** **Cheyney, PA 19319**
Contracting Officer Phone: **Monique Baylor Fax:** **Reference Number : SP**	**Contractor's Federal Id or Soc.Sec.No**	**Contact Person** **Karen Johnson Fax:**
Effective Date: / **Expiration Date:**	**Contractor's License or Registration No.**	**CONTRACT NOT TO EXCEED** **$ 6,240.00**

SPECIFIED	QUANTITY	UNIT PRICE	TOTAL PRICE
C-H IQ Meter Vendor to supply and install one C-H IQ-4000 meter at the University's main powerhouse.	1 LOT	$ 6,240.00	$ 6,240.00
SERVICE CODE:		**TOTAL** ▶	**$ 6,240.00**

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