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
Kutztown University of Pennsylvania **Purchasing Department** **P. O. Box 730** **Kutztown, PA 19530**	**GENERAL SUPPLY CO** **2651 BAGLYOS CIRCLE** **BETHLEHEM, PA 18020** **Contact Person Phone:** **SCOTT SZABO Fax:**	**SP 4000027316** **PROVIDE SERVICE AND BILL TO:** **Kutztown University of Pennsylvania** **Accounts Payable** **P. O. Box 730** **Kutztown, PA 19530**
Contracting Officer Phone: **Anise Freeman Fax:** **Reference Number : SP**	**Contractor's Federal Id or Soc.Sec.No**	
Effective Date: / **Expiration Date: 02/28/2012**	**Contractor's License or Registration No.**	**CONTRACT NOT TO EXCEED $ 6,646.00**

SPECIFIED	QUANTITY	UNIT PRICE	TOTAL PRICE
SERVICE CONTRACT PROVIDE & INSTALL DOOR	6,646 AU	$ 1.00	$ 6,646.00
NEW WOOD DOORS IN BOEHM SCIENCE ROOM #145, AS OUTLINED IN ATTACHMENT A (QUOTE #LK11507), ATTACHED HERETO AND MADE A PART OF THIS CONTRACT. SERVICE INCLUDES INSTALLATION CHARGES OF NEW DOOR & PARTS, AND THE REMOVAL AND DISPOSAL OF OLD DOORS AND MATERIALS			
MATERIALS - $5811.00 LABOR - $ 835.00			
AS AN INDEPENDENT CONTRACTOR, YOU ARE RESPONSIBLE FOR PROVIDING YOUR OWN APPROPRIATE LEVELS OF GENERAL COMMERCIAL LIABILITY INSURANCE, AND AUTOMOBILE LIABILITY INSURANCE FOR ANY VEHICLE USED ON UNIVERSITY PREMISES.			
SERVICE CODE:		**TOTAL**	**$ 6,646.00**

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/STD274_SAP.pdf

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

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