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
Office of the Chancellor **Pennsylvania State System of Higher Education** **Dixon University Center** **2986 North Second Street** **Harrisburg, PA 17110**	**J.R.'S DRIVEWAY SERVICE, INC.** **75 SARAH DRIVE** **DOVER, PA 17315** **Contact Person Phone:** **Fax:**	**SP 4000028366** **PROVIDE SERVICE AND BILL TO:** **PASSHE Office of the Chancellor** **Dixon University Center** **2986 North Second Street** **Harrisburg, PA 17110**
Contracting Officer Phone: **Robert Gross Fax:** **Reference Number : SP**	**Contractor's Federal Id or Soc.Sec.No**	
Effective Date: / **Expiration Date: 06/30/2012**	**Contractor's License or Registration No.**	**CONTRACT NOT TO EXCEED $ 9,960.00**

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.			
Driveway Repairs			$ 9,960.00
Resurface driveway areas as specified in attached Estimate dated 2/27/12.			
PASSHE contact: Tom Morgan 717-720-4087			
SERVICE CODE:		**TOTAL**	**$ 9,960.00**

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 specifications 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 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