

# SERVICE PURCHASE CONTRACT

ICS:  310  320

<b>ISSUING OFFICE</b>		<b>CONTRACTOR'S NAME &amp; ADDRESS</b>		<b>SHOW THIS CONTRACT INQUIRY NUMBER ON INVOICE</b>	
Cheyney University of Pennsylvania Office of Contract Administration 1837 University Circle Cheyney, PA 19319		JOHN MEEHAN & SONS 9301 KREWSTOWN RD PHILADELPHIA, PA 19115		<b>SP 4000028180</b>	
Contracting Officer Monique Baylor Reference Number : SP		Contact Person Phone: John Roman Fax:		PROVIDE SERVICE AND BILL TO: Cheyney University of Pennsylvania Accounts Payable Office ATTN: Karen Johnson Cheyney, PA 19319	
Phone: Fax:		Contractor's Federal Id or Soc.Sec.No		Contact Person Karen Johnson Fax:	
Effective Date:	Expiration Date:	Contractor's License or Registration No.		<b>CONTRACT NOT TO EXCEED          \$ 9,740.00</b>	

SPECIFIED	QUANTITY	UNIT PRICE	TOTAL PRICE
IT Room air conditioning  Vendor to provide and install one Sanyo ductless split system unit for IT server room located in Vaux hall. Vendor to dismantle and remove existing ductless system, including evaporator and condensing unit and dispose of accordingly.	1 LOT	\$ 9,740.00	\$ 9,740.00
SERVICE CODE:		<b>TOTAL ▶</b>	<b>\$ 9,740.00</b>

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](http://www.passhe.edu/partners/Documents/STD274_SAP.pdf)

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