

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		FIVE STAR MECHANICAL CONTRACTORS 833 Lincoln Ave Unit 8 WEST CHESTER, PA 19380		SP 4000030477	
Contracting Officer Phone: Monique Baylor Fax: Reference Number : SP		Contact Person Phone: Fax:		PROVIDE SERVICE AND BILL TO: Cheyney University of Pennsylvania Accounts Payable Office Cheyney, PA 19319	
Effective Date: Expiration Date:		Contractor's Federal Id or Soc.Sec.No		Contact Person Karen Johnson Fax:	
		Contractor's License or Registration No.		CONTRACT NOT TO EXCEED \$ 5,500.00	

SPECIFIED	QUANTITY	UNIT PRICE	TOTAL PRICE
Marcus Foster Vendor to provide emergency plumbing repair of sewage connection in Marcus Foster building.	1 LOT	\$ 5,500.00	\$ 5,500.00
SERVICE CODE:		TOTAL ▶	\$ 5,500.00

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	SECRETARY/ASSISTANT SECRETARY/TREASURER/ASSISTANT TREASURER DATE (SIGN BELOW, PRINT NAME, AND CIRCLE TITLE)
COMPTROLLER 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	CODING
											PRE-AUDIT
											POSTED