



# 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>	
PA State System of Higher Education West Chester University of Pennsylvania Purchasing Department 201 Carter Drive, Suite 200 West Chester, PA 19383		Contact Person Phone: Randy Eddinger Fax:		<b>SP 4000030689</b>	
Contracting Officer Phone: Joan Hanby Fax: Reference Number : SP				<b>PROVIDE SERVICE AND BILL TO:</b> West Chester University of PA Accounts Payable 201 Carter Drive, Suite 200 West Chester, PA 19383	
Effective Date:		Expiration Date: 08/31/2013			
		Contractor's Federal Id or Soc.Sec.No			
		Contractor's License or Registration No.			

SPECIFIED	QUANTITY	UNIT PRICE	TOTAL PRICE
until after the Effective Date is affixed and the fully executed contract has been sent to the Contractor.			
SERVICE CODE:		<b>TOTAL ▶</b>	<b>\$ 5,200.00</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 :

- 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	PRESIDENT/VICE PRESIDENT/MANAGER/PARTNER/OWNER      DATE (SIGN BELOW, PRINT NAME, AND CIRCLE TITLE)
<b>APPROVED AS TO FISCAL RESPONSIBILITY, BUDGETARY APPROPRIATENESS AND AVAILABILITY OF FUNDS</b>	SECRETARY/ASSISTANT SECRETARY/TREASURER/ASSISTANT TREASURER      DATE (SIGN BELOW, PRINT NAME, AND CIRCLE TITLE)
COMPTROLLER      DATE	

<b>COMMONWEALTH ATTORNEY APPROVALS APPROVED AS TO FORM AND LEGALITY</b>											
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