

ALL STATE AGENCIES

BY ORDER

APPROVED AS TO FORM BY

-ASSISTANT ATTORNEY GENERAL

Purchase Order

PURCHASE ORDER NO.
SYSFURNO2K

PAGE:

BEANKET RELEASE & 00

CORRECT PURCHASE ORDER NUMBE MUST APPEAR ON ALL PACKAGE INVOICES, AND SHIPPING PAPER QUESTIONS CONCERNING THIS PUI CHASE ORDER SHOULD BE DIRECTE TO THE BUYER AS NOTED BELOW

\*\*\*\*CHANGE ORDER: \( \)

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

AGENCY COP

\*814101306 973-244-1133 MACSYS INC ONE CHAPIN ROAD PO BOX 2030 PINE BROOK NJ 07058

AND POLITICAL SUBDIVISIONS

VARIOUS LOCALES AS INDICATED

ALL STATE AGENCIES
AND POLITICAL SUBDIVISIONS
VARIOUS LOCALES AS INDICATED
BY ORDER

PLIRCHASING DIVISION ALITHORIZED SIGNATURE

| 440   | SHIP VIA<br>BT WAY            |            | FOR<br>STINATION             |             |                | PREPAID               |                | MUL-MU  | account number :<br>JL             |
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# GENERAL TERMS & CONDITIONS PURCHASE ORDER/CONTRACT

- ACCEPTANCE: Seller shall be bound by this order and its terms and conditions upon receipt of this order.
- APPLICABLE LAW: The laws of the State of West Virginia and the Legislative Rules of the Purchasi j Division shall govern all rights and duties under the Contract, including without limitation the validity of this Purchase Order/Contract.
- 3. NON-FUNDING: All services performed or goods delivered under State Purchase Orders/Contracts are to be continued for the terms of the Purchase Order/Contract, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise available for these services or goods, this Purchase Order/Contract becomes void and of no effect after June 30.
- 4. COMPLIANCE: Seller shall comply with all Federal, State and local laws, regulations and ordinances including, but not limited to, the prevailing wage rates of the WV Division of Labor.
- 5. MODIFICATIONS: This writing is the parties final expression of intent. No modification of this order shall be binding unless agreed to in writing by the Buyer.
- **ASSIGNMENT:** Neither this Order nor any monies due, or to become due hereunder may be assigned by the Seller without the Buyer's consent.
- 7. WARRANTY: The Seller expressly warrants that the goods and/or services covered by this Order will: [a] conform to the specifications, drawings, samples or other description furnished or specified by the Buyer; [b] be merchantable and fit for the purpose intended; and/or [c] be free from defect in material and workmanship.
- 8. CANCELLATION: The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the Seller.
- SHIPPING, BILLING & PRICES: Prices are those stated in this order. No price increase will be accepted without written authority from the Buyer. All goods or services shall be shipped on or before the date specified in this Order.
- 10. LATE PAYMENTS: Payments may only be made after the delivery of goods or services. Interest may be paid on late payments in accordance with the *West Virginia Code*.
- 11. TAXES: The State of West Virginia is exempt from Federal and State taxes and will not pay or reimburse such taxes.
- 12. RENEWAL: Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon mutual written agreement of the parties.
- 13. BANKRUPTCY: In the event the vendor / contractor files for bankruptcy protection, this contract is automatically null and void, and is terminated without further order.



## **Purchase Order**

PURCHASE ORDER NO. SYSFURNO2K

PAGE 2

A BLANKET RELEASES

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VARIOUS LOCALES AS INDICATED
BY ORDER

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|        | CONTACT INFO                 |             |                             |                             |            |              |     |
|        | THE CONTACT 973-439-2368     | FOR THIS    | CONTRACT IS                 | BOB SPRADLI                 | N AT       |              |     |
|        | 213-433-2368                 | ·           |                             |                             |            |              |     |
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AND POLITICAL SUBDIVISIONS

VARIOUS LOCALES AS INDICATED

973-244-1133

ALL STATE AGENCIES

BY ORDER

\*814101306

MACSYS INC

PO BOX 2030

ONE CHAPIN ROAD

#### Purchase Order Purchase Order NO.

SYSFURN02K

PAGE 3

BLANKET PELEASE 00

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55 CHANGE ORDER

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ALL STATE AGENCIES AND POLITICAL SUBDIVISIONS VARIOUS LOCALES AS INDICATED

PINE BROOK NJ 07058 BY ORDER DATE PRINTED. FUND. FUND. 08/14/2002 NET 30 383144174 SHIP VIA CONTROL OF SE FIREIGIATERIAS BEST WAY DESTINATION PREPAID MUL-MUL VENDOR ITEM NO. QUANTITY LINE **AMOUNT UNIT PRICE** DELIVERY DATE CAT. NO. ITEM NUMBER THE DISCOUNT PRICES INCLUDE DELIVERY AND INSTALLATION. ALL ITEMS ARE TO BE FULLY ASSEMBLED AND INSTALLED ON-SITE IN THE LOCATION DETERMINED BY THE AGENCY. VENDOR SHALL CHECK FOR DAMAGE, CLEAN AND ADJUST ALL FURNITURE SYSTEMS, AND MUST REMOVE ALL DEBRIS FROM THE PREMISES. ANY ITEM FOUND TO BE DAMAGED OR OTHERWISE UNACCEPTABLE SHALL BE REPAIRED OR REPLACED TO THE SATISFACTION OF THE AGENCY. DEBRIS AND PACKING MATERIALS ARE TO BE PROPERLY DISPOSED OF BY THE VENDOR AT ITS EXPENSE AND SHALL NOT BE LEFT AT THE JOB SITE ALL EQUIPMENT FURNISHED IN CONJUNCTION WITH THIS CONTRACT SHALL BE NEW. REFURBISHED AND/OR REFINISHED EQUIPMENT SHALL NOT BE ACCEPTABLE. AN INSTALLATION SHALL BE TAKEN TO MEAN ALL COMPONENTS, TOOLS, HARDWARE, LABOR, ETC. NECESSARY TO PROVIDE A COMPLETE INSTALLATION. ORDERING PROCEDURE: ORDERS \$100 000 OR LESS: STATE AGENCIES SHALL ISSUE A WV-39, BLANKET RELEASE ORDER, TO THE CONTRACT VENDOR FOR THE DESTRED ITEM(S), IN ACCORDANCE WITH THE TERMS OF THE CONTRACT. PURCHASES IN EXCESS OF \$100,000 WILL BE REVIEWED BY THE PURCHASING DIVISION. AT THE DISCRETION OF THE DIRECTOR OF PURCHASING, OR HIS DESIGNEE, THESE IF APPROVAL AS TO FORM IS REQUIRED BY ATTORNEY GENERAL, CHECK HERE []

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ALL STATE AGENCIES

BY ORDER

#### Purchase Order

PURCHASE ORDER NO. SYSFURNO2K PAGE 4

BLANKET RELEASE 00

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AND POLITICAL SUBDIVISIONS

VARIOUS LOCALES AS INDICATED

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ALL-STATE AGENCIES

BY ORDER

### **Purchase Order**

PURCHASE ORDER NO. SYSFURNO2K PAGE 5

BLANKET RECEASE 00

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AND POLITICAL SUBDIVISIONS

VARIOUS LOCALES AS INDICATED

| 08/14/2002                                                      | NET 30                                                                                                      | 383144174                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | FUND L'ACCOUNTINUMBER              |
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| APPROXIMATION THE STATE SPECTOR THAT THE CONTROL ORDERED FOR    | ONS ONLY, BASED ON<br>PENDING UNIT. IT I<br>TRACT SHALL COVER                                               | IN THE REQUISITION ESTIMATES SUPPLIED SUPPLIED THE QUANTITIES ACTURE TERM OF THE CONTROLL OF T | BY<br>REED<br>JALLY                |
| WRITTEN STAT THE VENDOR F THE ORIGINAL VENDOR AS AU             | E CONTRACT ORDER (OR COMMODITIES COV. COPY OF THE WV-39 THORIZATION FOR SH                                  | UNIT(S) SHALL ISSUE<br>FORM NUMBER WV-39)<br>VERED BY THIS CONTRA<br>SHALL BE MAILED TO<br>ILPMENT, A SECOND CO<br>SION, AND A THIRD CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | TO<br>CT.<br>THE                   |
| F APPROVAL AS TO FORM IS REQUII                                 | RED BY ATTORNEY GENERAL, CH                                                                                 | ECK HERE []                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TOTAL                              |



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| LINE         | QUANTITY              | UOP VENDOR           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | UNIT PRICE                         | Δ       | MOUNT                |
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|              | ORDER.                | ND VOID, AND         | IS IEM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | INATED WITHOUT                     |         |                      |
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|              | I I                   |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D IN THIS CONTE<br>QUENT TERMS AND | ı       | •                    |
|              |                       |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | IV ATTACHED PRIN                   |         |                      |
|              | DOCUMENTS ST          | CH AS PRICE L        | ISTS, OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | DER FORMS, SALE                    | S       |                      |
|              |                       |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | NTS, INCLUDING                     | ANY     |                      |
|              | ELECTRONIC            | MEDIUM SUCH AS       | CD-ROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                    |         |                      |
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| <u>.</u>     |                       |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                    | -       |                      |
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| A            |                       |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                    |         | -                    |
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| APPBOVA      | L AS TO FORM IS REQUI | RED BY ATTORNEY GENE | RAL, CHECK I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | HERE []                            |         |                      |
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|              |                       |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                    |         |                      |



AND POLITICAL SUBDIVISIONS .

VARIOUS LOCALES AS INDICATED

#### Purchase Order

PURCHASE ORDER NO. SYSFURNO2K



BLANKET REFEASE 00

CORRECT PURCHASE ORDER NUMBER MUST APPEAR ON ALL PACKAGES, INVOICES, AND SHIPPING PAPERS. QUESTIONS CONCERNING THIS PURCHASE ORDER SHOULD BE DIRECTED TO THE BUYER AS NOTED BELOW.

CHANGE ORDER

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

\*814101306 973-244-1133 MACSYS INC ONE CHAPIN ROAD PO BOX 2030 PINE BROOK NJ 07058

ALL STATE AGENCIES

BY ORDER

|          | ATE (RINTED )             | NET 30                     |              | 83144174      |             | FUND                  |         |
|----------|---------------------------|----------------------------|--------------|---------------|-------------|-----------------------|---------|
| BES'     | T WAY                     | DESTINATION                |              | PREPAI        |             | ACCOUNT NUM<br>UL-MUL | 3155 75 |
| LINE     | QUANTITY<br>DELIVERY DATE | UOP VENDOR CAT. NO. ITEM N |              | UN            | T PRICE     | AMOUN                 |         |
|          |                           | RECEIPT                    | TICKET       | FOR PURC      | HASE ORDER: | SYSFURN02K            |         |
| LINE     | CATNO ITEN                | 1 NUMBER                   |              | DESCRIPT      | ION         | QTY                   | DATE    |
| 0001     | 425-94                    |                            | CE FURNI     | TURE, PAI     | NEL SYSTEMS | СН                    | -       |
|          |                           | SIGNATURE                  | -            |               | DATE_       |                       |         |
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|          |                           |                            |              | , <del></del> |             |                       |         |
| APPROVAL | AS TO FORM IS REQUII      | RED BY ATTORNEY GENER      | RAL, CHECK F | HERE 🗆        |             | TOTAL                 |         |