NEW TRANSMITTAL FORM

Date: May 6, 2009

SSHE CONTRACTS FOR APPROVAL

TO: University Legal Office

FROM: [redacted]
(Signature of University Employee)

Lock Haven University
State System of Higher Education

MAY 11 2009

The attached contract is submitted for review:

Contract No.	Contractor	SS# or Federal I.D.#
SP#4000016427	Best Western Lock Haven	23-2596500

Contract Amount	Effective Date (leave blank)	Termination Date
$5,000.00		6/30/2010

Check below if signatures are needed:

- [ ] James Dillon
- [ ] Construction Support

Attach an extra copy of construction contracts between $250,000 and $500,000. If preapproved construction contract form, check form number below.

- [ ] 71-K-100
- [ ] 71-K-110
- [ ] 71-K-120
- [ ] 71-K-130
- [ ] 71-K-140

DOCUMENTS ATTACHED

- [ ] Bidding Information
- [ ] Certification
- [ ] Sole Source
- [ ] Emergency
- [X] Contract
- [X] Attachment A consisting of (26) pages.

IF ANY OF THE REQUIRED INFORMATION HAS NOT BEEN PROVIDED (e.g. Federal I.D.#, bidding information, signature lines). THE CONTRACT WILL BE RETURNED TO THE UNIVERSITY FOR COMPLETION.

EXECUTION DATE ENTERED AND ATTACHMENTS (IF ANY) HAVE BEEN UPLOADED TO SAP

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
Lock Haven University of PA - East Campus Contracts Administration Office Attn: Kelly Hibbler 301 West Church Street, Room J211 Lock Haven, PA. 17745	BEST WESTERN LOCK HAVEN 101 E. Walnut Street Lock Haven, PA 17745 Contact Person Phone: 570-748-3297 Melissa White Fax:	SP 4000016427 PROVIDE SERVICE AND BILL TO: Lock Haven University of PA Accounts Payable Office 301 West Church Street, Room J211 Lock Haven, PA. 17745
Contracting Officer Phone: 570-484-2015 Kelly Hibbler Fax: 570-484-2844 Reference Number : SP 4000013251	Contractor's Federal Id or Soc.Sec.No 23-2596500	Contact Person Phone: 570-893-2013 Michele Wenker Fax: 570-893-2844
Effective Date: / Expiration Date: 06/30/2010	Contractor's License or Registration No.	CONTRACT NOT TO EXCEED $ 5,000.00

SPECIFIED	QUANTITY	UNIT PRICE	TOTAL PRICE
Hotel Accommodations for Lock Haven University of Pennsylvania.	1 AU	$ 5,000.00	$ 5,000.00

Dates of Service: July 1, 2009 - June 30, 2010.

Best Western-Lock Haven will provide lodging for Lock Haven University Volunteers, Visitors, Prospective Students, Members of the Council of Trustees, Members of the Foundation Board of Directors, Members of the Alumni Executive Board, Contractors, and Pennsylvania State System of Higher Education (PASSHE) Personnel, on an as needed basis. Accommodations can be booked by University Personnel who provide the above referenced contract number (SP#4000016427).

Itemized invoices required. Invoices to be directed to Accounts Payable with Contract Number: SP#4000016427 referenced. All invoices must reflect the current Clinton County State Rate of $70.00 per night (State Rate is subject to change).

Note: No miscellaneous charges allowed. Lock Haven University is Tax Exempt. Invoices will be charged back to the appropriate University budgets.

Contractor shall not exceed contract amount without prior written approval from the University. The University will not be liable for costs in excess of the contract amount without such approval.

EFFECTIVE DATE
MAY 12 2009
OF CONTRACT

SERVICE CODE:

TOTAL ▸ $ 5,000.00

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 specification are a part of the contract :
1. STD-274 available at http://www.passhe.edu/executive/finance/Procurement/Documents/STD-274Rev050704.pdf

COMMONWEALTH SIGNATURE

PURCHASING AGENCY HEAD OR DESIGNEE [redacted] DATE 5/5/09

APPROVED AS TO FISCAL RESPONSIBILITY, BUDGETARY APPROPRIATENESS AND AVAILABILITY OF FUNDS

COMPTROLLER DATE

CONTRACTOR'S SIGNATURE (IN INK)

PRESIDENT/VICE PRESIDENT/MANAGER/PARTNER/OWNER (SIGN BELOW, PRINT NAME, AND CIRCLE TITLE) DATE

X [redacted] X 4-30-09

SECRETARY/ASSISTANT SECRETARY/TREASURER/ASSISTANT TREASURER (SIGN BELOW, PRINT NAME, AND CIRCLE TITLE) DATE

COMMONWEALTH ATTORNEY APPROVALS
APPROVED AS TO FORM AND LEGALITY

PURCHASING AGENCY ATTORNEY [redacted] DATE 5/12/09

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