

Requisition

Req # 00208760

PO #

Date: 01/09/12

*Consent
#30894
3/20/12*

Bill To: x
x

Vendor: 42129
XEROX CORPORATION
P. O. BOX 7405
PASADENA CA 91109-7405

Ship To: HEALTH DEPARTMENT
1304 S. 25TH
EDINBURG TX 78539

Contact: JOSIE ESCALANT
956-383-6221

Contract No:

Special Instructions:

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
10.00	MONTH	***HEALTH & HUMAN SERVICE DEPT.-HEALTH DEPT*** TPASS TERM CONTRACT 985-L2 NEW 48 MONTH (CAPITAL) LEASE COPIER SMARTBUY REQUISITION # SMARTBUY PURCHASE ORDER # **UPON DELIVERY OF NEW EQUIPMENT PLEASE PICKUP TRADE IN SERIAL #WTM775004 XEXOX5665** DO NOT DUPLICATE ORDER	493.29	4,932.90
10.00	MONTH	CO NEW 48 MONTH (CAPITAL COPIER LEASE **CONTRACTOR'S QUOTE** XEROX WORKCENTRE 7775P WORK CENTRE 7775 MULTIFUNCTION DEVICE W/DADF, SINGLE BOARD CONTROLLER, 4 PAPER TRAYS, 250 SHEET BYPASS TRAY, IMAGE SECURITY OVERWRITE, NAT KIT, FCW UI AND MOUNTING KIT, 1 WASTE TONER CONTAINER, JOB/NETWORK ACCOUNTING KIT, BRANDING/SPEED SIM BASE CHARGE CONTRACT INCLUDES: DELIVERY & INSTALLATION ALL SUPPLIES, EXCEPT PAPER & SPECIALTY ITEMS	37.60	376.00
10.00	MONTH	CO ADVANCED FINISHER AS PER **CONTRACTOR'S QUOTE**	182.50	1,825.00
10.00	MONTH	CO BLACK & WHITE ALLOWANCE 25,000 @ \$0.0073 AS PER **CONTRACTOR'S QUOTE**	73.40	734.00
10.00	MONTH	CO COLOR ALLOWANCE 1000 @ \$0.0734 AS PER **CONTRACTOR'S QUOTE**	60.57	605.70
10.00	MONTH	CO SCAN TO PC DESTOP PRO **CONTRACTOR'S QUOTE**	16.09	160.90
10.00	MONTH	CO NETWORK FULL SCAN KIT		
		Account No		
		2-1100-441-00-340-001-0-780	8,634.50	
			Encumbrance	
			Freight	.00
			Total	8,634.50
		REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233		

Authorized By: _____