

SOLUTION DELIVERY & ACCEPTANCE



GENERAL INFORMATION

SD&A DATE: (M/DD/YY) 3/15/18	SD&A PREPARER NAME: Guadalupe, Wilfredo	
CUSTOMER NAME: HIDALGO COUNTY	PROJECT NAME / DESCRIPTION: PS-INSLASERFICHE	
PROJECT LOCATION STREET ADDRESS: 2802 S BUSINESS HIGHWAY 281	CITY, STATE, ZIP: EDINBURG, TX, 78539	
NAME AND TITLE OF AUTHORIZED CUSTOMER CONTACT: Renan Ramirez	CONTACT PHONE: (956) 289-7444	CONTACT EMAIL: 0

SERVICE AGREEMENT INFORMATION

ORACLE SALES ORDER NO. (REQUIRED) 66348982	SERVICE AGREEMENT TYPE & DATE: Statement of Work - DR21432564	RICOH PROJECT MANAGER OR ESDI MANAGER: Guadalupe, Wilfredo
ORIGINAL SOW LOG ID#: DR21432564	SALES REP NAME: Acevedo, Aissa Valeria (Aissa)	SALES REP MANAGER: Lamb, Karl

PROJECT DELIVERABLE/MILESTONE/INFORMATION (DETAILED DESCRIPTION)

I acknowledge that the Laser Fiche solution will not be completely configured and understand that Ricoh will invoice HIDALGO for the full order. I agree to pay the invoice in full as per my terms and conditions. The Laser Fiche solution will be configured as per designed within 30 days.

ATTACHMENT: Y N

SERVICE CODES (FOR T&M/TRAVEL FEE BILLING)

EDP CODE	DESCRIPTION OF SERVICES	QTY/ HOURS	UNIT PRICE	EXTENDED PRICE
			\$0.00	\$0.00
			\$0.00	\$0.00
			\$0.00	\$0.00
			\$0.00	\$0.00
TOTAL COST				\$0.00

ACKNOWLEDGEMENT: By signing below, customer ("Customer") acknowledges and confirms that the deliverables, milestones and/or project referenced above has been completed and all testing and acceptance criteria have been satisfied in all respects as of the date of this form. Accordingly, Ricoh USA ("RICOH") is authorized to invoice for the unpaid or outstanding fee and charges relating thereto, which shall be due and payable in accordance with the terms of the Service Agreement.

_____ DATE	_____ AUTHORIZED CUSTOMER REPRESENTATIVE SIGNATURE	_____ TITLE
_____ AUTHORIZED CUSTOMER REPRESENTATIVE (PRINT NAME)		
15/Mar/18 _____ DATE	Guadalupe, Wilfredo _____ RICOH AUTHORIZED PREPARER SIGNATURE	Project Manager _____ TITLE