

# BLANKET PURCHASE ORDER

## STATE OF MARYLAND

\*\*\*\*\* STATE OF MARYLAND \*\*\*\*\*

**BPO NO:** 001B4400533

**PRINT DATE:** 10/31/15

**PAGE:** 01

### SHIP TO:

AS SPECIFIED ON INDIVIDUAL ORDERS

### VENDOR ID:

LANDMARK ELEVATOR INC  
712 MARION ST

HAGERSTOWN, MD 21740  
(301 )790-0990

### REFER QUESTIONS TO:

JAMIKA BOWEN  
(410 )767-8735  
JAMIKA.BOWEN@MARYLAND.GOV

**ITB:** 001IT819428

**EXPR DATE:** 05/19/17  
**POST DATE:** 04/14/14

**DISCOUNT TERMS:** . NET 30 DAY  
**CONTRACT AMOUNT:** 50,265.00

### TERMS:

ARTICLES HEREIN ARE EXEMPT FROM MARYLAND SALES AND USE TAXES BY EXEMPTION CERTIFICATE NUMBER 3000256-3 AND FROM FEDERAL EXCISE TAXES BY EXEMPTION NUMBER 52-73-0358K. IT IS THE VENDOR'S RESPONSIBILITY TO ADVISE COMMON CARRIERS THAT AGENCIES OF THE STATE OF MARYLAND ARE EXEMPT FROM TRANSPORTATION TAX.

#### AGENCY OPERATING FUNDS:

M00 15 MH30G 0835 \$16,755.00  
M00 16 MH30G 0835 \$16,755.00  
M00 17 MH30G 0835 \$16,755.00

RETAIN SECTIONS A, B, AND C FOR FUTURE REFERENCE.

<u>LINE #</u>	<u>STATE ITEM ID</u>	<u>U/M</u>	<u>UNIT COST</u>
0001	91013-ELEVXX	LT	50,265.0000

ELEVATOR MAINTENANCE

MONTHLY BILLING RATE TO PROVIDE COMPREHENSIVE ELEVATOR PREVENTIVE MAINTENANCE (PM) SERVICE PROGRAM FOR SPRING GROVE HOSPITAL CENTER, 55 WADE AVENUE, CATONSVILLE, MD 21228 FOR A PERIOD OF THREE (3) YEARS BEGINNING MAY 19, 2014 AND ENDING MAY 18, 2017 IN ACCORDANCE WITH THE STATES TERMS, CONDITIONS, AND SPECIFICATIONS.

ADMINISTRATIVE MARK-UP PERCENTAGE: 20%

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REGULAR HOURLY BILLING RATES:

MECHANIC:\$115.00  
APPRENTICE:\$57.50  
HELPER:\$57.50

AFTER-HOURS HOURLY BILLING RATES:

MECHANIC:\$172.50  
APPRENTICE:86.25  
HELPER:\$86.25

END OF ITEM LIST

THE BLANKET PURCHASE ORDER (BPO) ISSUED AS A RESULT OF THE INVITATION TO BID (ITB) AND ANY SUBSEQUENT AMENDMENTS, MODIFICATIONS OR OPTIONS ISSUED RELEVANT TO THE ITB OR BPO, SHALL COMPLY WITH ALL OF THE TERMS, CONDITIONS AND SPECIFICATIONS ISSUED WITH THE ITB AND ARE INCORPORATED IN AND MADE PART OF THE BPO.

STATE YOUR FEDERAL TAX IDENTIFICATION # 52-2329285

IF THE STATE OF MARYLAND OR OTHER REGULATOR BODY REQUIRES A LICENSE OR CERTIFICATE TO PERFORM THE SERVICES REQUIRED, PLEASE PROVIDE THE LICENSE NUMBER AND DATE OF ISSUANCE.

21882235  
LICENSE NUMBER

04/30/2015  
DATE OF EXPIRATION

\*\*\*\*\* LAST PAGE \*\*\*\*\*

AUTHORIZED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

BUYER AUTHORIZED DESIGNEE