

BLANKET PURCHASE ORDER

STATE OF MARYLAND

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

BPO NO: 001B5400048

PRINT DATE: 10/31/15

PAGE: 01

SHIP TO:

AS SPECIFIED ON INDIVIDUAL ORDERS

VENDOR ID:

MECHANICAL SERVICES INDUSTRIES LLC
PO BOX 3697

FREDERICK, MD 21705
(240)446-9300

REFER QUESTIONS TO:

TONIA V. WELLS
(410)767-4720
TONIAV.WELLS@MARYLAND.GOV

ITB: 001IT819523

EXPR DATE: 08/01/17
POST DATE: 07/10/14

DISCOUNT TERMS: . NET 30 DAY
CONTRACT AMOUNT: 119,718.00

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.

H00	15	33631	0812	\$36,580.50
H00	16	33631	0812	\$39,906.00
H00	17	33631	0812	\$39,906.00
H00	18	33631	0812	\$ 3,325.50

PLEASE RETAIN SECTIONS A, B, C AND D FOR FUTURE REFERENCE

<u>LINE #</u>	<u>STATE ITEM ID</u>	<u>U/M</u>	<u>UNIT COST</u>		
0001	91036-HVACXX	LT	119,718.0000		

HEATING AND AIR CONDITIONING MAINTENANCE.

TO PROVIDE HVAC/WATER TREATMENT SERVICE FOR THE
ROCKVILLE DC/MSC BUILDING AT 191 E. JEFFERSON STREET, ROCKVILLE, MD
20850 FOR THREE (3) YEARS BEGINNING AUGUST 1, 2014 THRU JULY 31, 2017

\$3,070.00/MONTH X 36 MONTHS = \$110,520.00 FOR HVAC
SERVICES

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ADD ALT #1-WATER TREATMENT - \$250.50/MONTH X 36 MONTHS = \$9018.00

ADD ALT #2-SEMI-ANNUAL WATER HEATER MAINT - \$30.00 X 6 = \$180.00

_____ 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 # _____464673594_____

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.

_____10847967/4530360_____	_____4/30/15-5/4/16_____
LICENSE NUMBER	DATE OF EXPIRATION

IF YOU ARE A DEPARTMENT OF TRANSPORTATION CERTIFIED MINORITY BUSINESS, PLEASE PROVIDE YOUR CERTIFICATION NUMBER.

MDOT'S MBE CERTIFICATION NUMBER

***** LAST PAGE *****

AUTHORIZED BY: _____ DATE: _____

BUYER AUTHORIZED DESIGNEE