

BLANKET PURCHASE ORDER

STATE OF MARYLAND

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

BPO NO: 001B7400112

PRINT DATE: 09/14/16

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SHIP TO:

AS SPECIFIED ON INDIVIDUAL ORDERS

VENDOR ID:

LARSEN SERVICES LLC
39 OLD HILLTOP RD

CONOWINGO, MD 21918
(410)658-2583

REFER QUESTIONS TO:

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

ITB: 001IT820208

EXPR DATE: 10/01/19
POST DATE: 09/08/16

DISCOUNT TERMS: . NET 30 DAY
CONTRACT AMOUNT: 59,400.00

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.

OPERATING FUNDS:

W00 17 41711 0813 1000 \$59,400.00

VENDOR CONTACT: ED LARSEN, 410-658-2272, ED@LARSENBUILDINGSERVICES.COM

AGENCY CONTACT: PATRICK FRANZ, 443-277-3886,
PATRICK.FRANZ@MARYLAND.GOV

SMALL BUSINESS RESERVE CERTIFICATION: SB12-2173

PLEASE RETAIN IFB AND ANY ATTACHMENTS FOR FUTURE REFERENCE.

THE STATE RESERVES THE RIGHT TO ADJUST THE SCOPE OF WORK PROVIDED IN THE IFB SPECIFICATIONS IN ORDER TO KEEP EXPENDITURES WITHIN AUTHORIZED APPROPRIATIONS.

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<u>LINE #</u>	<u>STATE ITEM ID</u>	<u>U/M</u>	<u>UNIT COST</u>	
0001	91039-JNITOR	LT	59,400.0000	

TO PROVIDE JANITORIAL SERVICE FOR BARRACK "F" NORTHEAST, 2433
PULASKI HIGHWAY, NORTHEAST, MD 21901, FOR THREE (3) YEARS BEGINNING
OCTOBER 1, 2016 THROUGH SEPTEMBER 30, 2019, IN ACCORDANCE WITH THE
STATES TERMS, CONTRACT PROVISIONS, CONDITIONS AND SPECIFICATIONS.

THERE ARE TWO (2) ONE (1) YEAR RENEWAL OPTIONS AVAILABLE.

MONTHLY BILLING RATE: \$1,650.00

_____ 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 SPECIFICA-
TIONS ISSUED WITH THE ITB AND ARE INCORPORATED IN AND MADE PART
OF THE BPO.

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.

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