

# Spivey Hall FY18 Year-End Spend Requests

Rank	Item Description	Justification	Vendor Name	State Contract Number if	Estimate Cost
1	Electrical services for installation of Spivey Hall dimmer rack stage lighting system	Unresolved budget issue. Dimmer rack equipment was purchased with FY17 year-end funds, without funds requested for installation. Dimmer rack supports theatrical lighting for Spivey presentations as well as annual Music Drama productions in which students perform to complete degree requirements. Operation of current dimmer rack provides student production assistants training on obsolete technology that does not adequately sustain career-based learning and future professional success. Any failure of the current dimmer rack would preclude rehearsals, performances, teaching, learning, and community engagement at Spivey Hall.	Dyco Enterprises	Not on state contract; signed agreement between vendor and CSU is already in place for \$8,300.00.	\$8,300.00
2	Spivey Hall Green Room repainting	After 27 years since first furnished, the Green Room (primary backstage dressing room) is in poor shape and makes impression inconsistent with Hall's brand and reputation for excellence. The Green Room is used by Spivey guest artists as well as Visual and Performing Arts faculty and guests, CSU guest speakers, et al.	JC Painting		\$1,850.00
3	Spivey Hall Green Room recarpeting	External funding increased through Chaparral Foundation grant to replace shabby and broken Green Room furniture; redecorating calls for new base carpeting (worn thin and unattractive) to complete refurbishing and create unified appearance per justification for Item 2.	Atlanta Flooring Design Centers		\$2,489.55

**\$12,639.55**



# Purchasing Requisition Form

Submitted by:

Date:

## Ordering Department Information-Using PeopleSoft Accounting Info

Fund Code		Department Number	
Program Number		Class Number	
Project/Grant Number		Account Number	

## Vendor Information

Statewide Contract Number (if applicable): \_\_\_\_\_

Vendor Name	Dyco Enterprises LLC
Vendor Address	6301 Button Gwinnett Drive
City / State / ZIP	Doraville, GA 30340
Vendor Contact	(770) 449-7080
Vendor Fax	(770) 449-8030
<input type="radio"/> SSN <input checked="" type="radio"/> FEI	58-2534731

## Item(s) Requested

Line	Qty	Item Description	Unit Cost	Total Price
1	1	Spivey Hall Dimmer System Replacement	8300	\$ 8,300.00
2				
3				\$ -
4				\$ -
5				\$ -
Attach additional pages if more lines are required				
			Total Requisition Cost	\$ 8,300.00

**All Supporting Documents and Competitive Bids Must Be Attached**

## Business Purpose and Special Instructions Must Be Included Below

Materials and Labor to replace obsolete Spivey Hall stage lighting dimmer system and console.

### Requestor Approval(s)

Department Approval	
Additional Approval	
OITS Approval	
Media Approval	

**Purchasing Department Use Only**

**PO#**

# DYCO ENTERPRISES

6301 BUTTON GWINNETT DR  
DORAVILLE, GA. 30340  
PHONE: 770-449-7080  
FAX: 770-448-1621

OCTOBER 31, 2017

CHRISTOPHER TOLLACK  
PRODUCTION MANAGER OF SPIVEY HALL  
CLAYTON STATE UNIVERSITY

RE: SPIVEY HALL DIMMING RACK

CHRIS,

PER YOUR REQUEST, DYCO ENTERPRISES IS PLEASED TO OFFER THE FOLLOWING QUOTE FOR REPLACING THE DIMMING RACK AT SPIVEY HALL. OUR PRICE IS BASED ON THE FOLLOWING SCOPE:

**INCLUSIONS:**

- 1) REMOVE EXISTING MODULES
- 2) DISCONNECT EXISTING LIGHTING BRANCH CIRCUITS
- 3) DISCONNECT EXISTING FEEDERS
- 4) REMOVE EXISTING CABINET
- 5) FURNISH AND INSTALL ADDITIONAL WIRE AND TERMINATION AS NECESSARY TO RECONNECT FEEDERS
- 6) FURNISH AND INSTALL ADDITIONAL WIRE AND TERMINATIONS AS NECESSARY TO RECONNECT BRANCH CIRCUITS
- 7) FURNISH AND INSTALL MISC MOUNTING HARDWARE
- 8) INSTALL NEW MODULES
- 9) LABEL NEW MODULES
- 10) ALL WORK PERFORMED DURING NORMAL BUSINESS HOURS
- 11) ALL EXISTING CIRCUITS TO BE FREE FROM TROUBLES AND REUSED AS IS

**EXCLUSIONS:**

- 1) CLEANING, RELAMPING, REBALLASTING, REAIMING, OR RELOCATING ANY EXISTING FIXTURES
- 2) ADDING ANY NEW FIXTURES
- 3) TESTING, TRAINING, TROUBLESHOOTING, ETC OF NEW SYSTEM
- 4) ALL CONTROL WIRING AND DEVICES
- 5) INSTALLATION OF ANY NEW BRANCH CIRCUITS
- 6) COMPATIBILITY ISSUES BETWEEN NEW DIMMING RACK AND EXISTING FIXTURES
- 7) ALL EQUIPMENT TO BE FURNISHED BY OTHERS
- 8) OVERTIME

TOTAL COST FOR THIS SCOPE IS: \$8,300.00

PLEASE CONTACT US IF YOU HAVE ANY FURTHER QUESTIONS

SINCERELY,  
ROBERT L GOLISEK  
CHIEF ESTIMATOR

# **DESIGN-BID-BUILD CONSTRUCTION CONTRACT**

**BETWEEN CONTRACTOR AND OWNER**

**TO BE USED WITH  
BOARD OF REGENTS OF THE UNIVERSITY SYSTEM OF GEORGIA'S  
DESIGN PROFESSIONAL (ARCHITECTURAL) CONTRACT**

**BETWEEN**

**Dyco Enterprises LLC**

**AND**

**BOARD OF REGENTS OF THE UNIVERSITY SYSTEM OF GEORGIA**

**For the Use and Benefit of:**

**CLAYTON STATE UNIVERSITY**

**PROJECT NO. 04-12--2018**

**Materials and labor to replace dimmer system at Spivey Hall per the attached proposal  
dated October 31, 2017.**

**INCLUDES:**

**Executive Summary of Contents  
Form of Contract  
Bid Requirements  
Table of Contents  
General Conditions  
Forms  
Supplementary General Conditions**

**Preface  
Contract 1 to Contract 3  
pp 1 - 13  
pp i to iv  
pp 1 to 73  
Forms 1 to Forms 29**

**EXECUTIVE SUMMARY OF CONTENTS****FORM OF CONTRACT****BID REQUIREMENTS****GENERAL CONDITIONS****SECTION 1 – GENERAL**

- Part 1 - General
- Part 2 - Contractor's General Responsibilities and Duties.
- Part 3 - Owner's General Responsibilities and Rights.
- Part 4 - Protection of Persons and Property
- Part 5 - Bonds, Indemnity, and Insurance
- Part 6 - Hazardous Conditions and Materials
- Part 7 - Miscellaneous Provisions.

**SECTION 2 – PRE-COMMENCEMENT PHASE**

- Part 1 - Pre-commencement Phase Services
- Part 2 - Construction Documents and Site Plan

**SECTION 3 – CONSTRUCTION PHASE**

- Part 1 - Construction Phase Services
- Part 2 - Changes to the Work
- Part 3 - Time.
- Part 4 - Correcting the Work, Inspections, Covering and Uncovering Work
- Part 5 - Subcontractors, Trade Contractors, and Suppliers

**SECTION 4 – COMPENSATION**

- Part 1 - General.
- Part 2 - Payments Withheld
- Part 3 - Liens

**SECTION 5 - CONTRACT ADJUSTMENTS, DISPUTES, AND TERMINATION**

- Part 1 - Owner's Right to Suspend Work
- Part 2 - Contract Adjustments and Disputes
- Part 3 - Termination

**SECTION 6 – PROJECT COMPLETION**

- Part 1 - Material Completion
- Part 2 - Final Completion
- Part 3 - Inspections for Completion of the Work
- Part 4 - Final Documents
- Part 5 – Payment for Material Completion and Final Payment
- Part 6 - Correction of the Work after Final Completion

**SECTION 7 – FORMS**

- Performance Bond
- Payment Bond
- Georgia Security and Immigration Compliance Act Affidavit(s)
- Non-Influence Affidavit
- Statutory Affidavit
- Five Year Bond on Roofs and Walls
- Specimen Certificate of Manufacturer
- Certificate of Insurance
- Bond to Discharge Claim
- Change Order Forms
- Application for Payment Form
- Subcontractor Retainage Release Certificate
- Final Certification of Costs

**SUPPLEMENTARY GENERAL CONDITIONS**

**CONSTRUCTION CONTRACT**  
**BETWEEN CONTRACTOR AND OWNER**

THIS CONSTRUCTION CONTRACT (hereinafter the "Contract") made this 8th day of December 2017 (hereinafter the "Effective Date"), by and between the **BOARD OF REGENTS OF THE UNIVERSITY SYSTEM OF GEORGIA** (hereinafter the "Owner"), for the use and benefit of CLAYTON STATE UNIVERSITY (hereinafter the "Using Agency" or "Institution") Dyco Enterprises, (hereinafter the "General Contractor" / "Contractor"), whose address is 6301 Button Gwinnett Dr. Doraville, GA 30340 tel: 770-449-7080 and fax : 770-449-8030.

(a) Contractor's FEIN or Tax Identification Number: 58-2534731

(b) Contractor's Georgia License Type and Number: EN211429 ELECTRICAL

(c) **Contractor's Federal Employment Verification Certification:**

The Contractor is registered with, authorized to use, is using and will continue to use, the federal work authorization program throughout the term of the contract, and holds the following authorization:

User Identification Number: 307859

Date of Authorization: 2008

WITNESSETH, that the Contractor and the Owner, for the consideration set forth herein, the adequacy and sufficiency of which is hereby acknowledged by each party, agree as follows:

Project No. 04-12-2018

Project Name and Description: Materials and labor to replace dimmer system at Spivey Hall per the attached proposal dated October 31, 2017. (hereinafter the "Project.")

1. **Existing Documents.** The Contractor has reviewed and taken into consideration the Bidding Documents in preparing his bid.

2. **The Contract Sum:** The Owner shall pay the Contractor for the performance of the contract, subject to additions and deductions provided by approved change orders, in current funds, the Contract Sum as follows, base bid less Deductive Alternate 1:

EIGHT THOUSAND THREE HUNDRED DOLLARS AND 00/100 DOLLARS (\$8,300.00)

3. The Material Completion and Occupancy Date shall be achieved within 30 consecutive calendar days beginning the date specified in the Proceed Order.

4. The agreed daily amount for Liquidated Damages is: \$ 0 per day.

CONTRACT I

*[Handwritten Signature]*  
*12-14-17*

5. The agreed daily amount for Time Dependent Overhead Costs is: \$ 10 per day.  
*12-14-17*

6. Notice. All notices in accordance with Section 1.1.5 shall be given to the following addresses:

**CONTRACTOR:**  
Dyco Enterprises LLC.  
6301 Button Gwinnett Drive .  
Doraville, GA 30340  
Attention: Todd Maxwell  
Phone Number: 770-449-7080  
Facsimile Number: 770-449-8030  
Email: tmaxwell@dyco.com

**OWNER:**  
Board of Regents of the University System of Georgia  
270 Washington Street, SW, 6<sup>th</sup> Floor  
Atlanta, Georgia 30334  
Attention: Jim James, Vice Chancellor for Facilities  
Phone Number: 404-962-3155  
Facsimile Number: 404-962-3188

**OWNER'S REPRESENTATIVE:**  
Board of Regents of the University System of Georgia  
270 Washington Street, SW, 6<sup>th</sup> Floor  
Atlanta, Georgia 30334  
Attention: Harun Biswas  
Phone Number: 678-466-4240  
Facsimile Number: 404-962-4259  
Email: Harunbiswas@clayton.edu

**USING AGENCY (Institution):**  
Clayton State University  
2000 Clayton state Blvd.  
Morrow, GA 30260  
Attention: Harun Biswas  
Phone Number: 678-466-4240  
Facsimile Number: 678-466-4259  
Email: Harunbiswas@clayton.edu

**DESIGN PROFESSIONAL:**  
Clayton State University  
2000 Clayton State Blvd.  
Morrow, GA 30260  
Attention: Harun Biswas  
Phone Number: 678-466-4240  
Facsimile Number: 678-466-4259  
Email: Harunbiswas@clayton.edu

7. **Scope Of The Work:** The Contractor shall furnish all the materials, perform all of the Work, and do all things required by the Contract Documents.

8. **Schedule and Completion:** The Pre-commencement Phase Services to be performed under this Contract shall commence upon the Effective Date of the Contract and be completed within 60 days thereafter. Activities on the Site shall commence on the date specified in the Proceed Order and shall be materially complete in accordance with established Milestones, and not later than the Material Completion and Occupancy Date.

9. **Periodic Progress Payments:** The Owner shall make progress payments, less retainage, as set forth in Section 4 of the General Conditions.

10. **Payment for Material Completion:** The Contractor may request payment of the remaining contract balance, including retainage, less amounts credited the Owner or incurred as liquidated damages, and less amounts withheld for the Punchlist

by reason of Minor Items or Permitted Incomplete Work (See Paragraph 6.5.3.2). Payment for Material Completion shall be made by a check payable jointly to the Contractor and Surety and shall be mailed to the Surety.

**11. Final Payment:** Final Payment shall be made within ten days of receipt of the final payment application as set forth in Section 6, Part 2 of the General Conditions, provided that all other requirements of the Contract shall have been met in full.

**12. The Contract Documents:** This Contract, together with the Bidding Documents and the Bid, shall constitute the Contract Documents for the Project.

~~13. Bonds: The Contractor shall furnish both a performance bond and a payment bond and shall pay the premiums thereon as a Cost of the Work. The Performance Bond shall guarantee the full performance of the Contract.~~ *2/12/17*

**14. Full Performance:** The Owner and the Contractor hereby agree to the full performance of the Contract Documents.

**15. Applicable Law:** This Contract and all rights, privileges and responsibilities shall be interpreted and construed according to the laws of the State of Georgia.

**16. No Conflict Of Interest:** The Contractor covenants that it presently has no interest and shall not acquire any interest, direct or indirect, that would conflict in any manner or degree with the performance required under this Contract. The Contractor further covenants that, in the performance of this Contract, it shall neither contract with nor employ any person having any such interest.

**17. Transactions With State Officials, Ethics:** The parties hereto certify that the provisions of law contained in the Act prohibiting full-time appointive officials and employees of the State from engaging in certain transactions affecting the State as defined in O.C.G.A. §§45-10-20-26 and the Governor's Executive Orders governing ethics, have not and will not be violated in any respect in regard to this contract and further certifies that registration and all disclosures required thereby have been complied with.

**18. No Assignment:** This Contract and the proceeds of this Contract may not be assigned or sublet as a whole, nor may the performance thereunder be assigned, without the prior written consent of the Owner.

**19. No Waiver:** The failure of the Owner at any time to require performance by the Contractor of any provision hereof, shall in no way affect the right of the Owner thereafter to enforce any provision or any part of the Contract, nor shall the failure of the Owner to enforce any breach of any provision hereof to be taken or held to be a waiver of such provision, or as a waiver, modification or rescission of the Contract itself.

**20. Boycott of Israel.** The Contractor certifies that it is not currently, nor will it engage in during the duration of this contract, a boycott of Israel as defined in the Official Code of Georgia (O.C.G.A. 50-5-85).

**21. Full Agreement.** The Contract Documents supersede all prior negotiations, discussion, statements, and agreements between Owner and Contractor and constitute the full, complete, and entire agreement between Owner and Contractor. There can be no changes to this Contract by oral means, nor by course of conduct of the parties, nor by custom of the trade. No changes to this Contract will be binding on either party hereto unless such change is properly authorized, in writing, in accordance with Section 3, Part 2 of the General Conditions.

[Remainder of Page Intentionally Left Blank]

[Signatures Begin on Next Page]




IN WITNESS WHEREOF the parties hereto have executed this Contract the day and year first written above.

DYCO ENTERPRISES LLC.  
Contractor

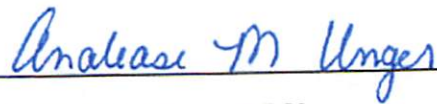
ATTEST:

\_\_\_\_\_  
\_\_\_\_\_, SECRETARY

By:  (L.S.)  
Todd Maxwell →, PRESIDENT

(SEAL, OVER SIGNATURE)  
(If not a corporation, signature must be notarized.)


Sworn before me, Analease M Unger, this 12 day of December 2017

  
\_\_\_\_\_

Analease M Unger  
NOTARY PUBLIC  
Gwinnett County, Georgia  
My Commission Expires 07/07/2020

My commission expires: 7-7-20

APPROVED: Clayton State University

By:   
CORLIS CUMMINGS  
VICE PRESIDENT OF BUSINESS, & OPERATIONS  
CLAYTON STATE UNIVERSITY

Attachments

- 1. General Conditions and Forms
- 2. Supplementary General Conditions

CLAYTON STATE UNIVERSITY

CONTRACTOR AFFIDAVIT UNDER O.C.G.A. § 13-10-91(B)(1)
OR
EXEMPTION FORM

By executing this affidavit, the undersigned contractor verifies its compliance with or is exempt from O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of Board of Regents of the University System of Georgia for the use and benefit of Clayton State University has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10-91(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

307859
FEDERAL WORK AUTHORIZATION NUMBER
2008
DATE OF AUTHORIZATION

ANALEASE M UNGER
NOTARY PUBLIC
Gwinnett County, GEORGIA
My Commission Expires
07/07/2020

Exemptions (check if applicable):
Contractor (or subcontractor) employs less than
11 employees:
Licensed in Georgia:
State Bar License
Title 26 or 43 License/List of Professions
http://www.clayton.edu/contract-administration/exemptions
(Note: Review GA Code for updated information)
http://www.lexisnexis.com/hottopics/gacode/default.asp
Other:

DYCO ENTERPRISES LLC
NAME OF CONTRACTOR
Dimmer system replacement at Spivey Hall
PROJECT NAME

Board of Regents of the University System of Georgia for the use and benefit of Clayton State University

I hereby declare under penalty of perjury that the foregoing is true and correct.
Executed on DEC 01 2017 in DORAVILLE (city), GA (state).

[Signature]
Signature of Authorized Officer or Agent
TODD MAXWELL PRESIDENT
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE 1 DAY OF DEC 2017

NOTARY PUBLIC: Analease M Unger

My Commission Expires: 7-7-20

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

Print or Type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>DYCO ENTERPRISES LLC</b>	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) <b>6301 BUTTON GWINNETT DRIVE</b>	Requester's name and address (optional)
	6 City, state, and ZIP code <b>DORAVILLE GA 30340</b>	
	7 List account number(s) here (optional)	

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number													
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Employer identification number													
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5	8	-	2										
5	3	4	7										
3	1												

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification Instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶ <i>Siva Unger</i>	Date ▶ <i>1-9-17</i>
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.  
 Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

#### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*
- By signing the filled-out form, you:
- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
  - Certify that you are not subject to backup withholding, or
  - Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
  - Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



# Purchasing Requisition Form

Submitted by:

Date:

## Ordering Department Information-Using PeopleSoft Accounting Info

Fund Code		Department Number	
Program Number		Class Number	
Project/Grant Number		Account Number	

## Vendor Information

Statewide Contract Number (if applicable): \_\_\_\_\_

Vendor Name	Juan Castaneda dba JC Painting
Vendor Address	145 Jasper Dr.
City / State / ZIP	Stockbridge, GA 30281
Vendor Contact	(770) 885-6818 ; jcpainting07@gmail.com
Vendor Fax	
<input checked="" type="radio"/> SSN <input type="radio"/> FEI	686-44-5459

## Item(s) Requested

Line	Qty	Item Description	Unit Cost	Total Price
1	1	Labor and Material: Spivey Hall Green Room - paint ceiling, walls and trim. Remove wallpaper in bath and water closet.	1850.00	\$ 1,850.00
2				\$ -
3				\$ -
4				\$ -
5				\$ -
<b>Attach additional pages if more lines are required</b>				
<b>Total Requisition Cost</b>				<b>\$ 1,850.00</b>

**All Supporting Documents and Competitive Bids Must Be Attached**

## Business Purpose and Special Instructions Must Be Included Below

Wallpaper removal and painting of walls, ceiling and trim in the Spivey Hall Green Room.

### Requestor Approval(s)

Department Approval	
Additional Approval	
OITS Approval	
Media Approval	

**Purchasing Department Use Only**

**PO#**

**Priti Bhatia**  
(678) 466-4203

**JC Painting**

145 Jasper Dr.  
Stockbridge, GA 30281

Phone: (770) 885-6818  
Email: jcpainting07@gmail.com

Estimate # 001038  
Date 04/17/2018

<b>Description</b>	<b>Total</b>
Labor & Material	\$1,850.00
Spivey Hall- Green Room	
Paint Ceiling, Walls & Trim	
Remove Wall Paper - Bath & Water Closet	

**Subtotal** \$1,850.00  
**Total** \$1,850.00

## Request for Taxpayer Identification Number and Certification

Give Form to the  
 requester. Do not  
 send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) <b>Juan Castañeda</b>	
	Business name/disregarded entity name, if different from above <b>JC Painting</b>	
	Check appropriate box for federal tax classification: <input checked="" type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
Address (number, street, and apt. or suite no.) <b>145 Jasper Dr.</b>		Requester's name and address (optional)
City, state, and ZIP code <b>Stockbridge GA 30281</b>		
List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
<b>686-44-5459</b>
Employer identification number

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶		Date ▶ <b>4-19-18</b>
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



# Purchasing Requisition Form

Submitted by:

Date:

## Ordering Department Information-Using PeopleSoft Accounting Info

Fund Code		Department Number	
Program Number		Class Number	
Project/Grant Number		Account Number	

## Vendor Information

Statewide Contract Number (if applicable): \_\_\_\_\_

Vendor Name	Atlanta Flooring Design Ctrs, Inc.
Vendor Address	3665 Swiftwater Park Drive
City / State / ZIP	Suwanee, GA 30024
Vendor Contact	(770) 476-8306
Vendor Fax	(770) 476-0308
<input type="checkbox"/> SSN <input type="checkbox"/> FEI	58-1621134

## Item(s) Requested

Line	Qty	Item Description	Unit Cost	Total Price
1	55	DMI Unatural Sea Grass, Sisal Look, In/out	22.95	\$ 1,262.25
2	2	Adhesive	46.35	\$ 92.70
3	1	Freight, Minimum	134.60	\$ 134.60
4	1	2 Man Crew Minimum Labor, 8 hrs	800.00	\$ 800.00
5	1	Weekend Labor	200.00	\$ 200.00
<b>Attach additional pages if more lines are required</b>				
<b>Total Requisition Cost</b>				<b>\$ 2,489.55</b>

**All Supporting Documents and Competitive Bids Must Be Attached**

## Business Purpose and Special Instructions Must Be Included Below

Removal and replacement of Green Room carpeting at Spivey Hall.

### Requestor Approval(s)

Department Approval	
Additional Approval	
OITS Approval	
Media Approval	

**Purchasing Department Use Only**

**PO#**


  
**Atlanta FLOORING**
  
 Design Centers
   
 3665 Swiftwater Park Dr., Building 2, Suwanee, Ga. 30024
   
 (770) 476-8306 Fax: (770) 476-0308

**Proposal Green Room**

**Date:**

**4/18/2018**

Contractor: Clayton State College  
 Fax # :

Attn: **Priti Bhatia**

Job Name: **Spivey Hall**  
 Address: 2000 Clayton State Blvd  
 Morrow, GA 30260

Architect:  
 Date:

**Furnish & Install**

CPT-1	DMI Unatural Sea Grass, Sisal Look, In/out	55 sy	@	22.95	\$	1,262.25	
CPT-2	Adhesive	2 ea	@	46.35	\$	92.70	
	Freight, Minimum	1 ea	@	134.60	\$	134.60	
	Sales tax are not applicable with Tax Exempt Form					\$	-
	<b>Labor:</b>						
	2 Man Crew Minimum Labor, 8hrs.	1 ea	@	800.00	\$	800.00	
	Demo Old Carpet	1 ea	@	-		Included	
	Scrape Away Old Adhesive/Floor Prep	1 ea	@	-		Included	
	Install New Carpet Tile	1 ea	@	-		Included	
	Furniture Moving	1 ea	@	-		Included	
<b>ADD:</b>	<b>Weekend Labor</b>	1 ea	@	200.00	\$	200.00	
		<b>TOTAL</b>			<b>\$</b>	<b>2,489.55</b>	

**Notes:** Atlanta Flooring to Haul Off Old Carpet and Base

**Quotes based on faxes, poor drawings, or customer measurements are subject to change orders.**

**Exclusions: Partition Furniture, Major Prep, Floor Leveling, Flattening, Grinding, Waxing, Cleaning, Floor Protection, Moisture Remediation, and/or PH Reduction.**

Acceptance of this Proposal- The above prices, specifications and conditions are satisfactory and are here by accepted. You are authorized to do the work as specified. **Material Pricing Good For 30 Days**

Signature: \_\_\_\_\_

**Atlanta Flooring Design Centers, Inc.**

**Tom Morris**

Date: \_\_\_\_\_

770-476-8306 x 321 Fax: 770-476-0308



# Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**1** Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

**Atlanta Flooring Design Ctrs, Inc**

**2** Business name/disregarded entity name, if different from above

**3** Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

- Individual/sole proprietor or single-member LLC  
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ \_\_\_\_\_  
 Other (see instructions) ▶ \_\_\_\_\_
- C Corporation     S Corporation     Partnership     Trust/estate
- Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

**4** Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

*(Applies to accounts maintained outside the U.S.)*

**5** Address (number, street, and apt. or suite no.) See instructions.

**3665 Swiftwater Park Drive**

**6** City, state, and ZIP code

**Suwanee, GA 30024**

**7** List account number(s) here (optional)

Requester's name and address (optional)

Print or type. See Specific Instructions on page 3.

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									

or

Employer identification number									
5	8	-	1	6	2	1	1	3	4

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

**Sign Here**

Signature of U.S. person ▶ *Linda Craig*

Date ▶ *12-12-17*

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*