

CONTRACT SUPPLEMENT
SP-37IT - Rev. 3/12/14
Prev. Rev. 1/17/14

Jean Del Greco
Contract Specialist

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Telephone Number

STATE OF CONNECTICUT

DEPARTMENT OF ADMINISTRATIVE SERVICES

PROCUREMENT DIVISION

165 Capitol Avenue, 5th Floor South

HARTFORD, CT 06106-1659

Master Agreement.:

08ITZ0108MB

Contract Effective Date:

30 June 1982

Bid Due Date:

SUPPLEMENT DATE:

14 March 2014

SUPPLEMENT #1

IMPORTANT: THIS IS NOT A PURCHASE ORDER. DO NOT PRODUCE OR SHIP WITHOUT AN AGENCY PURCHASE ORDER.

DESCRIPTION: **Micrographic Equipment Maintenance Agreement**

FOR:
**Department of Administrative Services, All Using State
Agencies, and Political Subdivisions**

TERM OF CONTRACT:

6/30/1982-12/31/2050

AGENCY REQUISITION NUMBER:

CHANGE TO IN STATE (NON-SB) CONTRACT VALUE	CHANGE TO DAS-CERTIFIED SMALL BUSINESS CONTRACT VALUE	CHANGE TO OUT OF STATE CONTRACT VALUE	CHANGE TO TOTAL CONTRACT AWARD VALUE

NOTICE TO CONTRACTORS: This notice is not an order to ship. Purchase Orders against contracts will be furnished by the using agency or agencies on whose behalf the contract is made. INVOICE SHALL BE RENDERED DIRECT TO THE ORDERING AGENCY.

NOTE: Dollar amounts listed next to each contractor are possible award amounts, however, they do not reflect any expected purchase amounts (actual or implied). They are for CHRO use only.

NOTICE TO AGENCIES: A complete explanatory report shall be furnished promptly to the Procurement Manager concerning items delivered and/or services rendered on orders placed against awards listed herein which are found not to comply with the specifications or which are otherwise unsatisfactory from the agency's viewpoint, as well as failure of the contractor to deliver within a reasonable period of time specified. Please issue orders and process invoices promptly.

CASH DISCOUNTS: Cash discounts, if any, shall be given SPECIAL ATTENTION, but such cash discount shall not be taken unless payment is made within the discount period.

PRICE BASIS: Unless otherwise noted, prices include delivery and transportation charges fully prepaid f.o.b. agency. No extra charge is to be made for packing or packages.

CONTRACTOR INFORMATION:

REFER TO THE CONTRACT ON THE DAS PROCUREMENT WEB PAGE FOR THE MOST CURRENT CONTRACTOR INFORMATION. (<http://das.ct.gov/mp1.aspx?page=8>)

Company Name: **Kodak Alaris, Inc.**

Company Address: **2406 Mt Read Blvd Rochester, NY 14615-3015**

Tel. No.: **585-781-8977**

Contact Person: **Sue Buscaglia**

Contact Person Address: **2406 Mt Read Blvd Rochester, NY 14615-3015**

Company E-mail Address and/or Company Web Site: susan.buscaglia@kodakalaris.com

Remittance Address: **2406 Mt Read Blvd Rochester, NY 14615-3015**

Certification Type (SBE, MBE or None): **none**

Prompt Payment Terms: **0% 00 Net 45**

PLEASE NOTE:

Assignment and assumption from Eastman Kodak Master Agreement A-81-108-81ITZ0108MA to Kodak Alaris 81ITZ0108MB

All terms and conditions not otherwise affected by this supplement remain unchanged and in full force and effect.