

STATE OF IOWA MASTER AGREEMENT

Contract Declaration and Execution

MA 005

21080

EFFECTIVE BEGIN DATE:	09-17-2020
EXPIRATION DATE:	02-18-2024
PAGE:	1 of 3

VENDOR:			
TEKNION LLC			
	VENDOR CONTACT:		ISSUER:
00002095315	Pat Slimm		Julie Janssen
	PHONE: 856-552-5549	EXT:	PHONE: 515-240-2698
350 Fellowship Rd Mount Laurel, NJ 08054	EMAIL: Pat.Slimm@Teknion.com		EMAIL: julie.janssen@iowa.gov
	FOB: FOB Dest, Freight Prepaid		

Contract For: Teknion Furniture Solutions with Related Accessories

The State of Iowa and Teknion establish this agreement under the terms & conditions of the Teknion- Sourcewell contract #0121919-TKN. The attached Participating Addendum serves to modify and amend the contract between Teknion and the State of Iowa.

The parties agree to comply with the terms and conditions on the following attachments which are by this reference made a part of the Agreement.

PAYMENT TERMS: NET 60 DELIVERY TERMS: FOB FREIGHT DESTINATION

Attachment 1 - RFP121919 Attachment 2 - RFP Evaluation Attachment 3 - Teknion Contract 121919 Attachment 4 - Teknion State of Iowa Participating Addendum Attachment 5 - Pricing

Leonard Chapman Senior Regional Manager, Public Sector, E leonard.chapman@teknion.com P: 312.933.7366

www.teknion.com https://www.sourcewell-mn.gov/cooperative-purchasing/121919-tkn

RENEWAL OPTIONS

FROM 02-19-2024 **TO** 02-18-2025

AUTHORIZED DEPARTMENT

ALL

SUB Other Governmental Entities



Fields of Opportunities

STATE OF IOWA **MASTER AGREEMENT**

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LINE NO.	QUANTITY / SERVICE DATES	UNIT	COMMODITY / DESCRIPTION	UNIT COST / PRICE OF SERVICE
1	0.00000	EA		\$ 0.00000 \$ 0.00000
REF DO	DC:		REF VNDR LN: REF COMM LN:	REF TYPE: FINAL
			Furniture Solutions with Related Accessories and Services	
			See attached Pricing List for Teknion Furniture Fu with Related Accessories and Services	Irniture Solutions
			planning and goods; Staging; adds and changes; on; Moves - floor- maintenance & day- iture work opment ations; and End-user	



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TERMS AND CONDITIONS

Referenced Terms

The parties agree to comply with the terms and conditions pursuant to the bid process which are by this reference made a part of the Agreement.

THIS MASTER AGREEMENT IS EFFECTIVE AS OF THE LATEST DATE SHOWN IN "EFFECTIVE BEGIN DATE" IN THE UPPER RIGHT HAND CORNER OR THE DATE BELOW SIGNED BY THE STATE OF IOWA.

CONTRACTOR	STATE OF IOWA	
CONTRACTOR'S NAME (If other than an individual, state whether a corp, partnership, etc.	AGENCY NAME	
BY (Authorized Signature) Date Signed	BY (Authorized Signature) Date Signed	
Printed Name and Title of Person Signing	Printed Name and Title of Person Signing	
Address	Address	