

# Purchase Change Request



Marshall University  
Office of Purchasing  
One John Marshall Drive  
Huntington, WV 25755-4100

**Order #**  
MU20ATM

FY 25	Buyer LL	Date 08/05/23	Account Varies	P.O. Date 08/31/2020	Contract MU20ATM
----------	-------------	------------------	-------------------	-------------------------	---------------------

<b>Document</b> <input type="checkbox"/> Requisition (Cancellation only) <input type="checkbox"/> Regular Purchase Order <input type="checkbox"/> Contract Purchase Order <input checked="" type="checkbox"/> Open End Contract Purchase <input type="checkbox"/> Agreement	<b>Document Action</b> <input type="checkbox"/> Cancellation <input type="checkbox"/> Increase/Decrease <input type="checkbox"/> Unused Balance <input type="checkbox"/> Freight <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Extension Error	<input type="checkbox"/> Error in Total Amount <input type="checkbox"/> Change of Account <input type="checkbox"/> Change of Vendor Name/Address <input type="checkbox"/> Other
--	---	--

Vendor Name, Address, Phone #, etc. <b>United Bank</b> 517 9th Street Huntington, WV 25701	Vendor Code <b>550641179</b>	BOG Unit Name & Address Marshall University Office of Purchasing One John Marshall Drive Huntington, WV 25755-4100
Ph# 304-781-2379	Fax	FEIN# 550641179

Item#	Quantity	Description of Change	Unit Price	Extended Price
		<p align="center"><b>Change Order # 4</b></p> <p>To renew the original contract according to all terms, conditions, prices, and specifications contract in the original contract and all approved change orders.</p> <p>Renewal Term: 09/01/2024 - 08/31/2025</p> <p>Renewal: 4 of 9 Renewals Remaining: five (5) one-year renewals</p> <p>Vendor Contact: Andrew Dawson, Andrew.Dawson@bankwithunited.com</p>		

Reason for Change: Renewal	Previous Total	\$	Open-End
	Increase	\$	-
	Decrease	\$	-
	New Total	\$	Open-End

Approved: Michelle Wheeler August 12, 2024  
Authorized Signature Date

N/A  
Attorney General if required Date



Office of Purchasing

Renewal Letter

August 2, 2024

**VIA ELECTRONIC MAIL ONLY: [andrew.dawson@bankwithunited.com](mailto:andrew.dawson@bankwithunited.com)**

Mr. Andrew Dawson  
United Bank  
517 9<sup>th</sup> Street  
Huntington, WV 25701

**Re: Contract Renewal for MU20ATM**

Dear Mr. Dawson,

The above referenced contract expires on August 31, 2024. There is a provision for an extension/renewal upon written mutual agreement of the parties.

Please annotate on the bottom of this letter, with your signature and date, if you agree to an emergency extension/renewal of the contract, effective September 1, 2024, through August 31, 2025, under the same terms and conditions as the original contract including all approved change orders.

Please return the executed letter via email at your earliest convenience.

If you have any questions, please feel free to contact me at [lemonl@marshall.edu](mailto:lemonl@marshall.edu).

Sincerely,

*Leeann Lemon*

Leeann Lemon  
Contract Specialist

---

I agree to the current **MU20ATM** for an additional one (1) year period under the same terms and conditions as the original contract.

X  Yes  No

**Yes, subject to the following changes indicated below or in the attached letter.**

Signature

8/5/2024

Date

STATE OF WEST VIRGINIA  
Purchasing Division

# PURCHASING AFFIDAVIT

**CONSTRUCTION CONTRACTS:** Under W. Va. Code § 5-22-1(i), the contracting public entity shall not award a construction contract to any bidder that is known to be in default on any monetary obligation owed to the state or a political subdivision of the state, including, but not limited to, obligations related to payroll taxes, property taxes, sales and use taxes, fire service fees, or other fines or fees.

**ALL CONTRACTS:** Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

**EXCEPTION:** The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

**DEFINITIONS:**

**"Debt"** means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

**"Employer default"** means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

**"Related party"** means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceeds five percent of the total contract amount.

**AFFIRMATION:** By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Code §61-5-3) that: (1) for construction contracts, the vendor is not in default on any monetary obligation owed to the state or a political subdivision of the state, and (2) for all other contracts, that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

**WITNESS THE FOLLOWING SIGNATURE:**

Vendor's Name: United Bank

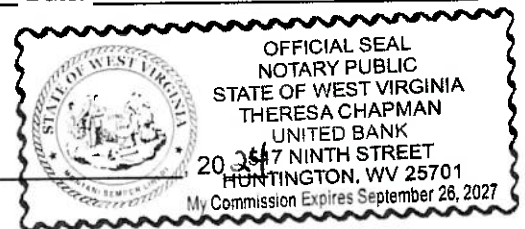
Authorized Signature: [Signature] Date: 8/5/2024

State of West Virginia

County of Cabell, to-wit:

Taken, subscribed, and sworn to before me this 5 day of August

My Commission expires Sept 26, 2027, 20  .



AFFIX SEAL HERE

NOTARY PUBLIC Theresa Chapman

Vendor/Customer	Legal Name	Alias/DBA	Vendor Active Status	Customer Active Status	Previous Name
✓ 000000199910	UNITED BANK		Active	Active	

From 1 to 1 of 1 First Prev Next Last [Attachments](#)

Save [Undo](#) Delete Insert [Copy](#) Paste [Search](#)

**▼ General Info**

Vendor/Customer : 000000199910	Restrict Use by Department : <input type="checkbox"/>
Legal Name : UNITED BANK	Miscellaneous Account : <input type="checkbox"/>
Alias/DBA : <input type="text"/>	Internal Account : <input type="checkbox"/>
Vendor Active Status : Active <input type="text"/>	Third Party Only : <input type="checkbox"/>
Vendor Approval Status : Complete <input type="text"/>	Third Party Vendor : <input type="checkbox"/>
Customer Active Status : Active <input type="text"/>	Third Party Customer : <input type="checkbox"/>
Customer Approval Status : Complete <input type="text"/>	Inventory Customer : <input type="checkbox"/>
Location Name : <input type="text"/>	Healthcare Provider : <input type="checkbox"/>
First Name : <input type="text"/>	Never Archive : <input type="checkbox"/>
Middle Name : <input type="text"/>	Restrict VSS Access : No <input type="text"/>
Last Name : <input type="text"/>	Discontinue - No New Business : <input type="checkbox"/>
Company Name : UNITED BANK	Prevent MA Reference : <input type="checkbox"/>
Previous Name : <input type="text"/>	PunchOut Enabled : <input type="checkbox"/>
Previous Street : <input type="text"/>	Re-PunchOut Enabled : <input type="checkbox"/>
Previous City : <input type="text"/>	Electronic Order Enabled : <input type="checkbox"/>
Previous State/Province : <input type="text"/>	W-9 Received : <input type="checkbox"/>
Previous Country : <input type="text"/>	W-9 Received Date : <input type="text"/>
	W-8 Received : <input type="checkbox"/>
	W-8 Received Date : <input type="text"/>
	Accepts Credit Cards : <input type="checkbox"/>
	Active From : 01/11/1989 <input type="text"/>
	Active To : <input type="text"/>
	Last Usage Date : 08/05/2024 <input type="text"/>
	Department : <input type="text"/>
	Unit : <input type="text"/>

▶ Headquarters

▶ Organization

▶ Disbursement Options

▶ Prenote/EFT

▶ Remittance Advice

▶ Vendor Terms

▶ Accounts Receivable

▶ eMALL

▶ Location Information

**▶ Fee and Vendor Compliance Holds**

Fee Exempt : <input type="checkbox"/>	Tax Clearance : <input type="checkbox"/>
Registration Application Date : 08/03/2023 <input type="text"/>	Unemployment Insurance : <input type="checkbox"/>
Registration Effective Date : 08/20/2023 <input type="text"/>	Worker's Compensation : <input type="checkbox"/>
Registration Expiration Date : 08/19/2024 <input type="text"/>	Secretary of State Registration : <input type="checkbox"/>
Pre-Registration Code : <input type="text"/>	Federal Debarred : <input type="checkbox"/>

▶ Executive Compensation

▶ Additional Information

▶ Travel

▶ Change Management

[Top](#)

CREATE DOCUMENT> [Create New Record](#) [Modify Existing Record](#)

UPDATE> [Headquarters](#) [Add 1099 Information Entry](#) [Add 1042-S Reporting Information Entry](#) [Vendor Business Types By Commodity](#)

SEARCH BY> [Master Contacts](#) [Master Addresses](#) [Vendor Commodity](#) [Vendor Addresses](#) [Vendor Business Types](#) [Vendor Service Areas](#) [VCM Query](#)  
[Historical Vendor Information](#) [Vendor Notes](#)  
[Vendor Transaction History](#)