



Official signed contract documents are on file with OMES Central Purchasing.

Contract title: SW0185 Equipment Rental

Contract Number: SW0185GW - PS contract#0- 7156

Date of Contract issuance: 11/08/2023

Contract period: 11/08/2023 through 11/07/2024

Agreement period: 11/08/2023 through 11/07/2028

Type of contract: Mandatory Non-Mandatory

OMES Central Purchasing contact: Cini Zacharia, CPOII

Title: Contracting Officer II

Phone: (405) -522 - 9078

Email: Cini.zacharia@omes.ok.gov

Supplier name: THE G W VAN KEPPEL COMPANY

Supplier ID #0000070033

Contract ID #: 0-7156

Supplier Point of Contact: Rick wood, Marsha Moore, Stephen Poole

Supplier address: 8233 W RENO

City: OKC

State: OK

Zip code: 73127-7202

Phone #: 1-405-495-0606

OR
405-495-9393,
Direct (405) 766-5746,
Cell (405) 274-7125

Email:

rwood@vankeppel.com

MMoore@VanKeppel.com

spoole@vankeppel.com

Contract Overview:

This Statewide Contract resulted from the Solicitation #EV00000317 for SW0185GW- Equipment Rental.

Authorized Users: All state departments, boards, commissions, agencies, and institutions, in addition to counties, school districts and municipalities which may avail themselves of this contract.

How to order:

1. For product and pricing information review awarded contract documents “Attachment Pricing”.
 2. Request a quote from the supplier or any approved authorized dealer listed below. All quotes must reference SW0185GW
 3. Generate a purchase order made payable to the desired supplier. You must reference the statewide contract number SW0185GW on your purchase order by attaching the PeopleSoft Contract.
 4. Email your purchase order to the designated supplier sales representative
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Available Brands:

THE G W VAN KEPPEL COMPANY

Available Products and Services:

Equipment Rental – Daily, Weekly and Monthly

Authorized Dealer/Reseller(s):

Supplier name: NA

Supplier ID #:

Contract ID #:

Supplier Point of Contact:

Supplier address:

City:

State:

Zip Code:

-

Phone #: 1 - - -

Email:

Supplier name:

Supplier ID #:

Contract ID #:

Supplier Point of Contact:

Supplier address:

City:

State:

Zip Code:

-

Phone #: 1 - - -

Email: