



PURCHASE ORDER

PO Number:303-0-0205

Requisition Number:303-0-00491

Order Date: 10/10/2019

Released

MAIL INVOICE TO AGENCY BELOW

TEXAS FACILITIES COMMISSION
FISCAL MANAGEMENT / ACCOUNTS PAYABLE
P.O. BOX 13047 Austin, Texas 78711-3047
OR
email to: accountspayable@tfc.state.tx.us

Delivery Location

--Select--

Show numbers on all papers and packages

Referenced Source or Vendor

2222222222
Employee Reimbursement - James Gonzalez
PO Box 130417
Austin, TX 78711
James Gonzalez
james.gonzalez@tfc.state.tx.us

Employee Reimbursement for James Gonzalez for Background Check

Description

TFC Contact:
James Gonzalez, 512-463-2743

Line Items

Description	Qty	Unit	Unit Price	Start Date	End Date	Total
Employee Reimbursement for James Gonzalez for background check.	1	EA	\$39.05	9/12/2019	10/10/2019	\$39.05

Vendor Information:

12743888070
Morphotrust USA
6840 Carothers Pkwy
Ste 650
Franklin, TN 37067
Customer Service
Phone:877-512-6962, Fax:615-871-0845

NIGP Class: 990
NIGP Item: 41
Object Class: 295
Reimbursement Type: Not Reimbursable
Notes: See Attached receipt.

Grand Total \$39.05

Questions or concerns regarding this transaction or service should be directed to: Texas Facilities Commission Procurement Division, Phone: (512) 463-0209 or FAX: (512)236-6164 (The mailing address for the Texas Facilities Commission is at the top of this purchase order.)

Agency	TFC
Fiscal Year	2020
Division	Finance
Program	Internal Procurement
Phone	5124632743
Org Code	0207 - Internal Procurement
Type of Purchase/PCC Code	'E' Purchases of commodities/services when the total amount is between \$0.00 - \$5,000.00
Work Order Number	N/A

ALL TERMS AND CONDITIONS SET FORTH IN OUR BID INVITATION BECOME A PART OF THIS ORDER. VENDOR GUARANTEES MERCHANDISE WILL MEET OR EXCEED SPECIFICATIONS IN THE BID INVITATION.

Invoicing Standards

To facilitate payments from Texas Facilities Commission please follow the invoicing standards set forth below.

The invoice should include, but is not limited to including:

- (1) the vendor's mailing and e-mail (if applicable) address;
- (2) the vendor's telephone number;
- (3) the name and telephone number of a person designated by the vendor to answer questions regarding the invoice;
- (4) the state agency requisition number;
- (5) the state agency's name, agency number, and delivery address;
- (6) the commission's purchase order number, if applicable;
- (7) the contract number or other reference number if applicable;
- (8) a valid Texas Identification Number (TIN) issued by the Comptroller of Public Accounts;
- (9) a description of the goods or services, in sufficient detail to identify the order which relates to the invoice;
- (10) unit numbers corresponding to the original order; and
- (11) other relevant information supporting and explaining the payment requested or identifying a successor organization to an original vendor, if necessary.

FOB DESTINATION CASH DISCOUNT: 0% 0 DAYS.

TEXAS FACILITIES COMMISSION INTERNAL PURCHASING

PURCHASER: _____
Gamino Jr, Rico - CTCM, CTPM, 5129363567

(IN ACCORDANCE WITH YOUR BID, SUPPLIES MUST BE PLACED IN THE AGENCY RECEIVING ROOM IN DAYS FROM RECEIPT OF ORDER.)

STATE AND CITY SALES TAX EXEMPTION CERTIFICATE: The undersigned claims an exemption from taxes under Chapter20, Title 122A, Revised Civil

Statutes of Texas, for purchase of tangible personal property described in this number order, purchased from contractor and/or shipper listed above, as this property is being secured for the exclusive use of the State of Texas

[\(Show Terms And Conditions...\)](#)