



PURCHASE ORDER

PO Number:303-0-0317

Requisition Number:303-0-00473

Order Date: 11/7/2019

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

Parking Garage R, Warehouse
 1706 San Jacinto Blvd.
 ATTN: Leandra Contreras
 Austin, TX 78701

Show numbers on all papers and packages

Referenced Source or Vendor

17526176577
 SHELTON-KELLER GROUP INC
 200 EAST CESAR CHAVEZ ST STE 190
 AUSTIN, TX 787014004
 Megan Williams
 Phone:512-592-5214, Fax:
mwilliams@skgtexas.com

Chairs for new FDC employees

Description Refer to SKG Quote No. 10885, dated 10/02/19

TFC Contact: Leandra Contreras, 512-463-0896

Line Items

Description	Qty	Unit	Unit Price	Start Date	End Date	Total
Sit On It / Ideon (Exemplis) 2723Y.A142.B1--FC1-B17-E3-C16-S0-MC5-FABRIC-- FG3-COVERCLOTHINDIGO--- AC Amplify, Highback, Mesh Back, Enhanced Synchro Cntrl, Height FC1:Black Frame B17:Standard Black Nylon Base E3:Seat Depth Adjustment Upgrade	2	EACH	\$448.00	11/7/2019	12/6/2019	\$896.00

C16:Standard Carpet Casters
 S0:Standard Cylinder Height
 MC5:Onyx (Black) Mesh Color
 FABRIC:Fabric Grade Selections
 ~:No Selection
 FG3:Fabric Grade 3
 COVERCLOTH:Cover Cloth Standard Color Selection
 INDIGO:Cover Cloth Indigo
 ~:No Selection
 AC:Fully Assembled

NIGP Class: 425

NIGP Item: 06

Object Class: 334

Reimbursement Type: Not Reimbursable

Notes: New chairs need to match the current chairs in the department. Purchasing to request a waiver.

Allseating
 85040-T2--BKN-(M3)-3EB-MED-SS--~LH-G1-(1)-F-OBAY--~BHA-KD-AS
 YouToo, Midback, Synchro Tilt, Task 2 Arm
 BKN:Black Nylon
 (M3):M3 Mesh
 3EB:Ebony
 MED:Upholstered Medium Seat 20"Wx18"D (Std)
 SS:Seat Slider (2.5" Range)
 ~:No Selection
 LH:65mm (2.5") Hard Surface Casters
 G1:Grade 1
 (1):Oasis
 F-OBAY:Bay
 ~:No Selection
 BHA:Back Height Adjustment
 KD:Knocked Down
 AS:Allseating Standard

	1	EACH	\$540.00	11/7/2019	12/6/2019	\$540.00
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NIGP Class: 425

NIGP Item: 06

Object Class: 334

Reimbursement Type: Not Reimbursable

Notes: New chairs need to match the current chairs in the department. Purchasing to request a waiver.

SAFCO Products Company
 1801AG2113
 Comfort Series Big & Tall Executive Chair, Fabric,
 Black

	1	EACH	\$610.00	11/7/2019	12/6/2019	\$610.00
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NIGP Class: 425

NIGP Item: 06

Object Class: 334

Reimbursement Type: Not Reimbursable

Notes: New chairs need to match the current chairs in the department. Purchasing to request a waiver.

Labor to install 4 chairs	1	FEE	\$165.00	11/7/2019	12/6/2019	\$165.00
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NIGP Class: 425
NIGP Item: 06
Object Class: 334
Reimbursement Type: Not Reimbursable

Grand Total \$2,211.00

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	Facilities Design and Construction
Program	Facilities Design and Construction
Phone	512.463.0896
Org Code	0802 - Project Management
Type of Purchase/PCC Code	'X' Purchases of commodities/services made from SPD TxMAS contracts
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: _____
 Gonzalez, James - CTCD, CTCM, 5124632743

(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 Tex. Tax Code § 151.309 (1993), for purchase of tangible property described in this purchase order, purchased from contractor and/or shipper listed above, as this property is being secured for the exclusive use of the State of Texas.

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

