



PURCHASE ORDER

PO Number: 303-0-0408

Requisition Number: 303-0-00969

Order Date: 12/11/2019

Ordered

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

Department of Health New Plant
1100 W. 49TH Street
Austin, TX 78701

Show numbers on all papers and packages

Referenced Source or Vendor

18106493234
Cool Services, Inc.
1804 Branch Mark Drive
Austin, TX 78728
Robert Gonzalez
Phone: 512-834-2005, Fax:
Robert@coolservicesinc.com

Description

DHNP-The Cooling Towers are needed to cool for the building
TFC Contact: Dan Simms
512-463-3532
dan.simms@tfc.state.tx.us

Line Items

Description	Qty	Unit	Unit Price	Start Date	End Date	Total
Building: DHNP Roof Cooling Tower #3	1	Job	\$4,887.31	12/11/2019	3/3/2020	\$4,887.31

Description: The fan gearbox is leaking and needs to be repaired

Oversight Responsibilities:
Dan Simms 512-680-9827

NIGP Class: 910
NIGP Item: 36
Object Class: 266
Reimbursement Type: HB3042
Notes: Work Order #: 711879

Grand Total \$4,887.31

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 Planning and Real Estate Mgmt
Program Property Management
Phone 5124633532
Org Code 0442 - Facility Maintenance
Type of Purchase/PCC Code 'E' Purchases of commodities/services when the total amount is between \$0.00 - \$5,000.00
Work Order Number 711879

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: _____

Sacharnoski, Mary - CTPM, 5129360647

(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.

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