PURCHASE ORDER

PO Number:303-0-0812
Requisition Number:303-0-01877

Order Date: 5/7/2020
Ordered

DUE TO COVID-19 AND TFC'S COMMITMENT TO TIMELY PAYMENT, PLEASE SUBMIT INVOICE ELECTRONICALLY TO:
accountspayable@tfc.state.tx.us

IF INVOICE IS MAILED, DELAYS MAY OCCUR.
TEXAS FACILITIES COMMISSION
FISCAL MANAGEMENT / ACCOUNTS PAYABLE
P.O. BOX 13047 Austin, Texas 78711-3047

Delivery Location

Texas School for the Deaf
ATTN: TFC Custodial
1102 South Congress Ave
Austin, TX 78704
Show numbers on all papers and packages

Referenced Source or Vendor

17423821663000
Matera Division
Ferguson Facilities Supply
PO BOX 200184
San Antonio, TX 78220
Jorge Mora
Phone:210-892-5101, Fax:
jorge.mora@ferguson.com

Description

TSD - Face Masks

Pricing per attached quote.

TFC Contact:
Matthew Woerndell
512-462-5377
Matthew.Woerndell@tfc.state.tx.us

Line Items

Description	Qty	Unit	Unit Price	Start Date	End Date	Total
FM-KN95 KN95 MEDICAL FACE MASK 10/BX 50BX/CS	30	BX	$43.17	5/7/2020	8/6/2020	$1,295.10

NIGP Class: 345
NIGP Item: 72

Object Class: 300
Reimbursement Type: Not Reimburseable

Grand Total $1,295.10

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 Management and Operations
Program	Property Services
Phone	5124625377
Org Code	0451 - Custodial - Austin Day
Type of Purchase/PCC Code	'E' Purchases of commodities/services when the total amount is between $0.00 - $5,000.00
Work Order Number	723732

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: _____
Goll, Heather - CTCD, 5124630209

(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...)