



PURCHASE ORDER

PO Number:

Requisition Number:

Order Date: 9/28/2016

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.
 Austin, TX 78701

Show numbers on all papers and packages

Referenced Source or Vendor

2222222222
 Employee Reimbursement - Steve Quiroz
 1711 San Jacinto Blvd.
 See line item detail for vendor information
 Austin, TX 78640
 Phone:(512) 961-2470, Fax:

Description	Safety Glasses- Reimbursement to Steve Quiroz TFC Contact: Steve Quiroz (512) 961-2470 steve.quiroz@tfc.state.tx.us
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Line Items

Description	Qty	Unit	Unit Price	Start Date	End Date	Total
Reimbursement to employee Steve Quiroz for personal payment to Sam's Club Optical for prescription safety glasses. Steve Quiroz (512) 961-2470 Vendor Information: 10613014959 Sam's Club 8259 9900 S. IH35 Austin, TX 78748 NIGP Class: 948	1	EA	\$100.00	9/28/2016	9/28/2016	\$100.00

NIGP Item: 68 Object Class: 374 Reimbursement Type: Not Reimbursable						
						Grand Total \$100.00

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	2017
Division	Facilities Design and Construction
Program	Minor Construction
Phone	5124632264
Org Code	0822 - Minor Construction
Type of Purchase/PCC Code	Employee Reimbursement - E
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: _____
Evans, Sarah - CTPM, 5123059269

(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

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