



PURCHASE ORDER

PO Number: 303-8-0856

Requisition Number: 303-8-02284

Order Date: 8/1/2018

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

Task Chairs for FDC Employees

Description

Pricing as per attached proposal 5921 dated 08/01/2018.

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-- FG2-HORIZON-BLUE YONDER--ACAmplify, Highback, Mesh Back, Enhanced Synchro Cntrl, Height/Width Adj Arms FC1:Black Frame B17:Standard Black Nylon Base	2	EACH	\$308.03	8/1/2018	10/31/2018	\$616.06

E3:Seat Depth Adjustment Upgrade
 C16:Standard Carpet Casters
 S0:Standard Cylinder Height
 MC5:Onyx (Black) Mesh Color
 FABRIC:Fabric Grade Selections
 ~:No Selection
 FG2:Fabric Grade 2
 HORIZON:Horizon Standard Color Selection
 BLUE YONDER:Horizon Blue Yonder
 ~:No Selection
 AC:Fully Assembled
 :TVR#201664

NIGP Class: 425

NIGP Item: 06

Object Class: 334

Reimbursement Type: Not Reimbursable

Notes: For FDC Employees: Cheryl Taylor & Edgar Hinojosa

Sit On It / Ideon (Exemplis)
 5623YB1.A93--MC1-FABRIC--FG2-HORIZON-BLUE
 YONDER-Z1-S0--B0-
 C15-E3--LB1-ACFocus,
 Highback, Mesh Back, Enhanced Synchro Cntrl, A93
 Multi-Adjustable

Arms

MC1:Black Mesh

FABRIC:Fabric Grade Selections

~:No Selection

FG2:Fabric Grade 2

HORIZON:Horizon Standard Color Selection

BLUE YONDER:Horizon Blue Yonder

Z1:Black Back Support

S0:Standard Cylinder

	4	EACH	\$340.92	8/1/2018	10/31/2018	\$1,363.68
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~:No Heavy Duty Upgrade

B0:Std Black Base

C15:55mm Caster, Std

E3:Seat Depth Adjustment Upgrade

~:No Selection

LB1:Adjustable Lumbar Support

AC:Fully Assembled

:TVR#201664

NIGP Class: 425

NIGP Item: 06

Object Class: 334

Reimbursement Type: Not Reimbursable

Notes: For FDC Employees: Kathryn Panak, Billy White, Michael Hannusch, Isaac Vining

Shelton Keller Group Dealer Services

	1	FEE	\$365.00	8/1/2018	10/31/2018	\$365.00
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Receive, Deliver and Install (6) task chairs during
 normal business hours
 (8am-5pm Mon-Fri)

NIGP Class: 425

NIGP Item: 06
Object Class: 334
Reimbursement Type: Not Reimbursable

Grand Total \$2,344.74

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	2018
Division	Facilities Design and Construction
Program	Facilities Design and Construction
Phone	512.463.0896
Org Code	0802 - Project Management
Type of Purchase/PCC Code	Commodity Purchase \$5000 or less - 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: _____

Gamino Jr, Rico - CTPM, CTCM, 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

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