



PURCHASE ORDER

PO Number: 303-9-0425

Requisition Number: 303-9-01069

Order Date: 1/28/2019

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

DSHS Dr. Bob Glaze Laboratory
1100 W. 49th Street
Austin, TX 78756

Show numbers on all papers and packages

Referenced Source or Vendor

12089574904
MGES INC
8725 KNIGHT RD
HOUSTON, TX 77054-4405
Billy Newton
Phone: 830-832-2405, Fax:
bnewton@mgесinc.com

Description DBGL - Repair Medical air compressor

Line Items

Description	Qty	Unit	Unit Price	Start Date	End Date	Total
DBGL - RO Room	1	Job	\$1,471.22	1/17/2019	4/17/2019	\$1,471.22

Repair of medical air compressor

Work Order #: 671344

NIGP Class: 936

NIGP Item: 08

Object Class: 266

Reimbursement Type: HB3042

Notes:

Cost per vendor quote.

Services performed under this agreement are not considered complete for purposes of payment until TFC, or its authorized designee, inspects and accepts the work performed by the vendor.

TFC Contact: Dan Simms @ 512-680-9827

Grand Total \$1,471.22

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	2019
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	671344

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: _____

Gresham, Colin - CTPM, CTCM, 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 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

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