



PURCHASE ORDER

PO Number:303-9-0491

Requisition Number:303-9-01231

Order Date: 2/15/2019

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

Robert D. Moreton Building
1100 W. 49th Street
Suite 350
Austin, TX 78756

Show numbers on all papers and packages

Referenced Source or Vendor

17428865806
Hill Country Electric Supply
4801 Freidrich Lane
Building 2, Suite 200
Austin, TX 78744
Darrell Jones
Phone:512-428-9306, Fax:512-428-9830
djones@hces.net

Description Hill Country Electric, RDM, WO 649814, Teionne Woods

Line Items

Description	Qty	Unit	Unit Price	Start Date	End Date	Total
Hill Country Electric quote #S101870932 for lighting controls and light fixtures for suite 350.	4	each	\$109.45	2/15/2019	3/15/2019	\$437.80
LIT2BLTR440LADPEZ1LP835RETROFITKIT LITHONIA 2BLT4R 40L ADP EZ1 LP835 RETRO FIT KIT						
NIGP Class: 285						
NIGP Item: 54						
Object Class: 328						
Reimbursement Type: Reimburseable						
Notes: Funded by Department of State Health Services (537)						

LIT2NLT4R40LADPEZ1LP835EL7L
LITHONIA 2BLT4R 40L ADP EZ1 LP835
EL7L

NIGP Class: 285
NIGP Item: 54
Object Class: 328
Reimbursement Type: Reimbursable
Notes: Funded by Department of State Health Services (537)

2 each \$292.38 2/15/2019 3/15/2019 \$584.76

LIT2BLT440LADPEZ1LP835
LIIO 2BLT4-40L-ADP-EZ1-LP835

NIGP Class: 285
NIGP Item: 54
Object Class: 328
Reimbursement Type: Reimbursable
Notes: Funded by Department of State Health Services (537)

1 each \$135.31 2/15/2019 3/15/2019 \$135.31

WATLMDC-100
WATT LMDC-100 24V 20MA SENSOR

NIGP Class: 285
NIGP Item: 54
Object Class: 328
Reimbursement Type: Reimbursable
Notes: Funded by Department of State Health Services (537)

1 each \$208.33 2/15/2019 3/15/2019 \$208.33

WATLMRC-111
WATT LMRC-111

NIGP Class: 285
NIGP Item: 54
Object Class: 328
Reimbursement Type: Reimbursable
Notes: Funded by Department of State Health Services (537)

1 each \$122.22 2/15/2019 3/15/2019 \$122.22

WATLMDM-101-W
WATT LMDM-101-W WALL SWITCH
CONFIRM WHITE

NIGP Class: 285
NIGP Item: 54
Object Class: 328
Reimbursement Type: Reimbursable
Notes:

1 each \$78.00 2/15/2019 3/15/2019 \$78.00

Funded by Department of State Health Services (537)

Cost per vendor quote.

TFC Contact: Teionne Woods @ 512-463-4202

Grand Total \$1,566.42

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	Facilities Design and Construction
Program	Minor Construction
Phone	5124634202
Org Code	0822 - Minor Construction
Type of Purchase/PCC Code	'E' Purchases of commodities/services when the total amount is between \$0.00 - \$5,000.00
Work Order Number	649814

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

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