Public Utility Commission of Texas
Business Unit # 47300
Purchase Order # 17-0000167
Purchase Order Change Notice (# 2)

Payment Terms: **NET30** Freight Terms: **FOB Ship** Ship Via: **US Mail** PCC: **0** Date: **11/09/16** PO Method: **IA** Dispatch: **Email Dispatch** Rev Dt: **05/12/17**

PLEASE NOTE: ADDITIONAL TERMS AND CONDITIONS MAY BE LISTED AT THE END OF THE PURCHASE ORDER.

Vendor:
TEXAS WORKFORCE COMMISSION
TAX DEPARTMENT
101 E 15TH ST
AUSTIN TX 787780091
United States

Ship To:
0001 - PUBLIC UTILITY COMMISSION O
SUITE 8-100
1701 N CONGRESS AVENUE
Austin TX 78701
United States

Bill To:
PUBLIC UTILITY COMMISSION OF TEXAS
Attn: Accounts Payable
P.O. Box 13326
Austin TX 78711-3326
United States

Vendor ID: 3320320320 4

Purchaser: Pablo Almaraz

Phone: 512/936-7069
Fax: 512/936-7058
Email: pablo.almaraz@puc.texas.gov

Fax:
Email: payables@puc.texas.gov

PO Information:

FY 2017 TEXAS WORKFORCE COMMISSION FOR WOKER'S COMPENSATION

Interagency Contracts: TEX. GOVT CODE ANN. §§ 771.001-771.010

TERM: November 9th, 2016 through August 31, 2017 NOTES: 1. This blanket order is to be used on an "As Needed Basis" for FY'2017. 2. This purchase order amount is an estimate "ONLY". The Public Utility Commission of Texas reserves the right to increase and/or decrease the monetary amount as required during the contract period. Any such increase and/or decrease will be provided to vendor through a Purchase Order Change Notice (POCN). All deliveries are to be made to the address at the top of the purchase order. The PUC Mailroom also handles freight, shipping, and receiving between 8 a.m. - 4:00 p.m. Monday through Friday. Travis Building, 1701 N. Congress Avenue, Room100, Austin, Texas 78701. Telephone: (512) 936-7086.

3/10/17: POCN TO ADD LINE 2 FOR INCREASED FUNDING PER APPROVED REQUISITION 0002176
5/12/17: POCN TO ADD LINE 3 TO MODIFY THE FUNDS OF LINE 2 TO AMOUNT ONLY FOR PROPER MONEY DISTRIBUTION.

Line-Sch	Line Description	Class/Item	Quantity	UOM	Unit Price	Extended Amt	Due Date
1- 1	TEXAS WORKFORCE COMMISSION - FY 2017 WORKER'S COMPENSATION	952/38	1.0000	EA	$10,000.00000	$10,000.00	11/09/2016

Schedule Total $10,000.00

ReqID:
REQ0001943

Item Total for Line # 1 $10,000.00

Public Utility Commission of Texas

Business Unit # 47300

Purchase Order # 17-0000167

Purchase Order Change Notice (# 2)

Line-Sch	Line Description	Class/Item	Quantity	UOM	Unit Price	Extended Amt	Due Date
2- 1	FY 2017 TEXAS WORKFORCE COMMISSION FOR WORKER'S COMPENSATION FOR WATER DEVELOPMENT	952/38	1.0000	EA	$25,000.00000	$25,000.00	03/10/2017
						Schedule Total	$25,000.00
				ReqID: REQ0002176			
						Item Total for Line # 2	$25,000.00
3- 1	POCN FY 2017 TEXAS WORKFORCE COMMISSION FOR WORKER'S COMPENSATION FOR WATER DEVELOPMENT	952/38	1.0000	EA	$24,284.27000	$24,284.27	05/12/2017
						Schedule Total	$24,284.27
						Item Total for Line # 3	$24,284.27
						Total PO Amount	$59,284.27

All Shipments, Shipping papers, invoices and correspondence must be identified with our Purchase Order Number. Over shipments will not be accepted unless authorized by Purchaser prior to Shipment.

Guerrero, Cindy

From:	Beck, Mary
Sent:	Friday, October 28, 2016 2:19 PM
To:	Guerrero, Cindy
Cc:	Harris, William
Subject:	FW: Texas Workforce Commission
Attachments:	Scanned from a Xerox Multifunction Printer.pdf

Hi Cindy. Could you please set up a requisition for the Texas Workforce Commission for FY 2017 for $10,000 for worker's compensation?

Thank you so much and let me know if you have any questions.

Mary

-----Original Message-----
From: Harris, William
Sent: Friday, October 28, 2016 11:41 AM
To: Payables <Payables@puc.texas.gov>
Subject: Texas Workforce Commission

Mary

See attached invoice to have a req created.

William Harris
Payroll, SPA and Travel Accountant
Fiscal
Public Utility Commission of Texas
Ph. (512) 936-7170
Fax (512) 936-7058

-----Original Message-----
From: PUC XeroxScan
Sent: Friday, October 28, 2016 10:44 AM
To: Harris, William <William.Harris@puc.texas.gov>
Subject: Scanned from a Xerox Multifunction Printer

Please open the attached document. It was scanned and sent to you using a Xerox Multifunction Printer.

Attachment File Type: pdf, Multi-Page

Multifunction Printer Location: Fiscal Copy Room
Device Name: P709

For more information on Xerox products and solutions, please visit
http://www.xerox.com

TEXAS WORKFORCE COMMISSION
REGULATORY INTEGRITY DIVISION
101 E. 15TH STREET
AUSTIN, TEXAS 78778-0091

TEXAS WORKFORCE COMMISSION
FUND SOURCE STATEMENT

PUBLIC UTILITY COMMISSION
OF TEXAS
DEPT 473
% FISCAL SVCS
PO BOX 13326
AUSTIN TX 78711-3326

RECEIVED BY
OCT 28 2016
FISCAL

TWC ACCT NO 99-998398-7

58-316

BILLING DATE OCT 24, 2016

FOR QUARTER ENDED SEP 30, 2016

ADJUSTMENTS BETWEEN FUNDS MUST BE PROVIDED TO TEXAS WORKFORCE COMMISSION IN ACCORDANCE WITH INSTRUCTIONS SET FORTH ON THE BACK SIDE OF THIS FORM

1

SOCIAL SECURITY ACCOUNT NUMBER	CLAIMANT'S NAME	BENEFITS PAID	GENERAL REVENUE PROPORTIONATE AMOUNT	GR DEDICATED FUNDS PROPORTIONATE AMT.		FED/OTHER FDS APPRO PROPORTIONATE AMOUNT		LOCAL FUNDS PROPORTIONATE AMOUNT
				FUND	AMOUNT	FUND	AMOUNT	
XXX-XX-4743	MD LUPO	2,395.00		153	2,395.00			
	FUND TOTAL			153	2,395.00			
	TOTAL	2,395.00			2,395.00			
	REIMBURSE THIS AMOUNT				2,395.00			

FORM C-58R-2

87/ 82/ST/F

Explanation of Reimbursable Unemployment Benefits By Fund Source Statement Form C-58R-2

This statement provides additional information by fund source for claimant benefits transactions shown on the C-58R.

Payment Procedures: Payment of amounts due should be made within 30 days of receipt of forms C-58R and C-58R2 in accordance with State Comptroller Revised Accounting Policy Statement No. 003. Please **enter your TWC Account Number in the Description Field** when making your USAS accounting entries.

Billing Adjustments: The billing by fund on this document is based on records from the State Comptroller identifying salaries paid to the listed individuals during the current and two prior state fiscal years. If you have documentation that would justify charging an amount to a different fund type (e.g. General Revenue versus Special Revenue or Local Funds), notify TWC in writing within 30 days. The notification should provide the reason for the change and details of the change as illustrated below. Documentation for the change should be maintained by your agency for State Auditor review. The accounting entries (net of any changes or adjustments) to USAS should be processed in accordance with Revised Accounting Policy Statement #003 within 30 days. After 30 days TWC will notify the State Comptroller and the State Auditor of any unpaid amounts. The State Comptroller will make the necessary transfer and/or lapse of appropriation as required by H.B.1, 78th Leg., Art. IX, Sec. 6.33.

Credit Adjustments: Credits that could not be identified to a specific fund were defaulted to the Local Funds column on this statement. If the credit should be applied to a different fund, indicate the change with a negative amount in the Notice of Adjustment format as shown below.

If you have questions regarding these procedures call **Revenue & Trust Management at 512-463-2605.** Mail adjustments to **TWC, Revenue & Trust Mgmt, Attention Warren Collier, P.O. Box 322, Austin, TX 78767.**

Notice of Adjustments to
Unemployment Compensation Reimbursement Billing

TWC Account #_____ Agency # _____

SS#	Quarter	State FY	Amount	From Fd#	To Fd#

Justification for Change: