



Public Utility Commission of Texas
Business Unit # 47300
Purchase Order # 17-0000337

Payment Terms: **NET30** Freight Terms: **FOB Ship** Ship Via: **US Mail** PCC: **0** Date: **03/21/17** PO Method: **IA** Dispatch: **Email Dispatch** Rev Dt:

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

Vendor: TEXAS COMPTROLLER OF PUBLIC ACCOUNTS
 111 E 17TH ST
 AUSTIN TX 787740001
 United States

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

Vendor ID: 3304304304 2

Purchaser: Pablo Almaraz

Phone: 512/936-7069

Fax: 512/936-7058

Email: pablo.almaraz@puc.texas.gov

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

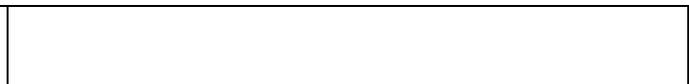
Fax:
Email: payables@puc.texas.gov

PO Information:

TEXAS COMPTROLLER OF PUBLIC ACCOUNTS STATEWIDE COST ALLOCATION - GR DEDICATED APPD FUND
 Per attached Texas Comptroller of Public Accounts Statewide Cost Allocation Worksheet

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

| Line-Sch | Line Description | Class/Item | Quantity | UOM | Unit Price | Extended Amt | Due Date |
|----------|---|------------|----------|-----|----------------|--------------------------------|-------------|
| 1- 1 | STATEWIDE COST ALLOCATION - APPD FUND # 0153 - WATER | 946/10 | 1.0000 | EA | \$74,166.05000 | \$74,166.05 | 03/21/2017 |
| | | | | | | Schedule Total | \$74,166.05 |
| | | | | | | <u>ReqID:</u> REQ0002175 | |
| | | | | | | Item Total for Line # 1 | \$74,166.05 |
| 2- 1 | STATEWIDE COST ALLOCATION - APPROPRIATED RECEIPTS APPD FUND #0001 | 946/10 | 1.0000 | EA | \$13,300.09000 | \$13,300.09 | 03/21/2017 |
| | | | | | | Schedule Total | \$13,300.09 |
| | | | | | | <u>ReqID:</u> REQ0002175 | |
| | | | | | | Item Total for Line # 2 | \$13,300.09 |





Public Utility Commission of Texas
Business Unit # 47300
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Total PO Amount

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.

Texas Comptroller of Public Accounts Statewide Cost Allocation Worksheet

84th Legislature, R.S., 2015

Agency Name _____

Agency No. _____

1. Identify your agency's Statewide Cost from the *Statewide Cost Allocation Summary of Fixed Costs by Agency*. _____
2. Indicate the basis you will use to allocate your Statewide Cost.
 - a. Total Direct Costs (MOF) b. Direct Salaries and Wages c. Other – Specify
3. Allocate your Statewide Cost from number 1 above by the basis of allocation chosen in number 2 above. Use the space provided in 3a or 3b below. (**Attach a separate sheet** if you checked "c. Other – Specify" in number 2 above.)
 - a. If using Total Direct Costs (MOF) as the basis for distributing your Statewide Cost, use Appropriation Year (AY) 2017 amounts by source of fund as classified in the Method of Finance (MOF) section for your agency in the General Appropriations Act, H.B. 1, 84th Legislature, R.S., 2015.

| <u>Source of Funds*</u> | <u>AY 2017 MOF</u> | <u>% of TOTAL MOF</u> | <u>ALLOCATED STATEWIDE COST**</u> |
|-------------------------|--------------------|-----------------------|-----------------------------------|
| General Revenue | | | |
| General Revenue | _____ | _____ | _____ |
| GR - Dedicated | | | |
| Appd Fund # _____ | _____ | _____ | _____ |
| Appd Fund # _____ | _____ | _____ | _____ |
| Appd Fund # _____ | _____ | _____ | _____ |
| Federal Funds | | | |
| Appd Fund # _____ | _____ | _____ | _____ |
| Other Funds | | | |
| Appd Fund # _____ | _____ | _____ | _____ |
| Interagency Contracts | _____ | _____ | _____ |
| Appropriated Receipts | _____ | _____ | _____ |
| Bond Proceeds | _____ | _____ | _____ |
| Totals | _____ | 100% | _____ |

*This list may not include every source of funds identified in the MOF your agency is using. Please modify this schedule as needed to include every item.

**Total Allocated Costs must equal your Statewide Cost identified in number 1 above.

- b. If using Direct Salaries and Wages, as provided by *OMB A-87*, as the basis for distributing your Statewide Cost, provide information detailing the distribution. Agencies with an approved *Federal Cost Allocation Plan* must use the basis in their approved federal plan to allocate costs to all non-federal sources of funds.

| <u>Source of Funds*</u> | <u>Direct Salaries and Wages</u> | <u>% of Direct Salaries and Wages</u> | <u>ALLOCATED STATEWIDE COST**</u> |
|-------------------------|----------------------------------|---------------------------------------|-----------------------------------|
| General Revenue | | | |
| General Revenue | _____ | _____ | _____ |
| GR - Dedicated | | | |
| Appd Fund # _____ | _____ | _____ | _____ |
| Appd Fund # _____ | _____ | _____ | _____ |
| Appd Fund # _____ | _____ | _____ | _____ |
| Federal Funds | | | |
| Appd Fund # _____ | _____ | _____ | _____ |
| Other Funds | | | |
| Appd Fund # _____ | _____ | _____ | _____ |
| Interagency Contracts | _____ | _____ | _____ |
| Appropriated Receipts | _____ | _____ | _____ |
| Bond Proceeds | _____ | _____ | _____ |
| Totals | _____ | 100% | _____ |

Email this form by the **March 15, 2017**, deadline to:

aco.reports@cpa.texas.gov

For questions about this form, please contact your Appropriation Control Officer in the Comptroller's Fiscal Management Division.

*This list may not include every source of funds identified in the MOF your agency is using. Please modify this schedule as needed to include every item.

**Total Allocated Costs must equal your Statewide Cost identified in number 1 on previous page.

General Revenue Reimbursement of Statewide Allocated Costs Form

AGENCY NAME: PUBLIC UTILITY COMMISSION OF TEXAS
 AGENCY #: 473

| | 1 BILLED SWCAP ALLOCATION | 2 BILLED AMOUNTS RECOVERABLE * Payable – Appn. 92071 | 3 AMOUNTS TO BE REIMBURSED** Payable – Appn. xxxxx |
|-----------------|---------------------------------|---|---|
| GENERAL REVENUE | N/A | N/A | N/A |
| GR-DEDICATED | (A) 258,556.00 | (B) 198,353.24 | (C) 60,202.76 |
| FEDERAL FUNDS | (A) | N/A | (D) |
| OTHER FUNDS | (A) 10,796.07 | (B) | (C) 10,796.07 |
| TOTALS | 269,352.07 | 198,353.24 | 70,998.83 |

A = Amount from the *FY2016 Agency Statewide Cost Allocation Plan by Method of Finance*
 B = Amount actually recovered through fees, IAC billings, etc.
 C = Column 1 minus Column 2
 D = Amount from line 3, the Federal Fund Reimbursement Calculation form

1. Column 1:
 - Using the data from the *FY2016 Agency Statewide Cost Allocation Plan by Method of Finance*, enter your agency's allocated SWCAP in Column 1. **Do not** enter amounts allocated to General Revenue.
2. Column 2:
 - Enter the GRD and other funds amounts recovered through fees, IAC billings, etc.
 - Note: Amounts in Column 2 must be transferred to Appropriation 92071 and an expenditure must be processed with a recurring transaction index (RTI).**
3. Column 3:
 - Subtract Column 2 from Column 1.
 - All remaining amounts in Column 3 must reimburse general revenue. Any available appropriation may be used for the payments.

Exceptions:

 - **Federal funds:** enter the amount from line 3 of the *Federal Fund Reimbursement Calculation* form.
 - **Other funds:** enter "0" in Column 3 for regulatory or other agencies that meet both conditions:
 - the GAA specifies other direct and indirect costs appropriated elsewhere in the act in their bill patterns, and
 - the agencies are currently generating and depositing revenues to the General Revenue Fund sufficient to fund these appropriations.
4. Process payment(s) and return completed form(s) to the email address below. Completed form(s) are due by **Dec. 15, 2015.**

Return by email:

aco.reports@cpa.texas.gov

* If an amount in column 1 is not recoverable, please provide an explanation with this form.

** Agencies must reimburse General Revenue from other available sources for remaining balances in Column