



Texas Department of Motor Vehicles
Business Unit # 60800
Purchase Order # 0000003518

Payment Terms: **NET30** Freight Terms: **FOB Destination** Ship Via: **NA** PCC: **0** Date: **01/11/17** PO Method: **DG** Dispatch: **Dispatch** Rev Dt: **Via Print**

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

Vendor: TEXAS COMPTROLLER OF PUBLIC ACCOUNTS
 TEXAS PROCUREMENT AND SUPPORT DIVISION
 PO BOX 13186
 AUSTIN TX 787113186
 United States

Ship To: 1P00 - TxDMV Warehouse
 4000 Jackson Avenue
 Austin TX 78731
 United States

Vendor ID: 3304304304 2

Bill To: 4000 Jackson Avenue
 Austin TX 78731
 United States

Purchaser: Rhonda Lee Gips
Phone: 512/465-4199
Fax: 512/465-5641
Email: Rhonda.Gips@txdmv.gov

Fax:
Email: DMV_FIN-INVOICES@TxDMV.gov

PO Information:

Interagency Agreement Contract Act:
 Texas Government Code, Title 7, Chapter 771

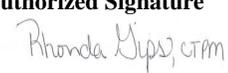
Change Orders:
 Change orders will be allowed only if unforeseen conditions arise such as, but not limited to, increasing or decreasing quantities or if the department needs dictate changes. All changes shall be in the scope of original work. No verbal change orders shall be permitted. All change orders must be in writing with a Purchase Order Change Notice (POCN) issued by TxDMV Purchasing Section.

Payment:
 Payment will be made in accordance with the Texas Prompt Payment Act, TGC, Subtitle F, Chapter 2251. Vendor shall submit one copy of a correct itemized invoice showing the purchase order number, payee ID., remit to address, and phone number on invoice. Vendors may submit an electronic invoice. All electronic invoices shall be sent to DMV_FIN-INVOICES@TxDMV.gov (note: There is an underscore "_" between DMV and FIN). All invoices received at the email address will be filed for future reference and you will receive a receipt confirmation email. To avoid the confusion of duplicate invoices, please do not send other copies of this invoice via regular mail, fax or other means. On emails for electronic invoices, include the company name (as it appears on the invoice) and the purchase order number in the subject line to assist in identifying and processing your invoices in a timely manner. TxDMV will not incur any penalty for late payment if payment is made in 30 days or less from receipt of goods or services and a correct invoice, whichever is later.

Note: Warrants will not be issued to a vendor without a current Texas Identification Number.

TxDMV Contact:
 Donny Ruenke - 512-465-4089 or Donny.Ruenke@TxDMV.gov

Vendor Contact:
 Judy Kay Ousley - 512-463-9995 or cert.renewal@cpa.texas.gov

Authorized Signature

 01/11/2017



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Business Unit # 60800
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Line-Sch	Line Description	Class/Item	Quantity	UOM	Unit Price	Extended Amt	Due Date
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1- 1	Comptroller of Public Accounts CTCM Recertification - Donny Ruemke Service Dates: 02/02/2017 - 02/01/2022	963/39	1.0000	EA	\$50.00000	\$50.00	02/01/2017
						Schedule Total	<input type="text" value="\$50.00"/>
<u>Contract ID:</u> 0000003518				<u>ReqID:</u> 0000004048			
						Item Total for Line # 1	<input type="text" value="\$50.00"/>

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 Department of Motor Vehicles Standard Terms and Conditions can be found at: <http://www.txdmv.gov/contractors-vendors>

Authorized Signature

Rhonda Gips, CTCM

01/11/2017

COMPTROLLER OF PUBLIC ACCOUNTS (CPA)
STATEWIDE PROCUREMENT DIVISION (SPD)
TRAINING AND CERTIFICATION PROGRAM (TCP)

STATE CERTIFICATION CEH TRACKING DOCUMENT (RENEWAL)

Full Name: First, Middle, Last: **Donny Lee Ruenke**
Agency Name / Number: **Texas Department of Motor Vehicles / 608**
Agency Mailing Address: **4000 Jackson Avenue**
City, State, Zip Code: **Austin, Texas, 78731**
Agency Email: **Donny.Ruenke@txdmv.gov**
Agency Telephone #: **(512) 465-4089**

Check Applicable Certification(s) & Provide Certification(s) #

CTP #	CTPM #	CTCM XX #	DUAL
		CF356A	

Type of Renewal:

Provide agency accounts payable information or person responsible for method of payment (If you are paying for the renewal, enter your information). Do NOT submit payment until you have received an invoice from our office.

Payment Contact Name: **Lisa Selvera**

Payment Contact Phone: **(512) 465-4027**

Payment Contact Email: **DMV_FIN-INVOICES@txdmv.gov**

The submission of this document acknowledges that (1) All information, dates and attachments are true and correct and (2) I will follow applicable Texas state statutes, rules and state ethics policies. I further acknowledge that the renewal of my certification will require completion of 80 continuing education hours (CEH's) to renew my certification. For more renewal information visit CPA's Training & Certification website at: <http://www.window.state.tx.us/procurement/prog/training-cert/cmt/certification/renewing-your-certification/>