



Texas Department of Insurance
Business Unit # 45400
Purchase Order # 16-1332
Purchase Order Change Notice (# 1)

Payment Terms: **NET30** Freight Terms: **FOB Destination** Ship Via: **VNDR** PCC: **E** Date: **03/23/16** PO Method: **DG** Dispatch: **Dispatch Via Print** Rev Dt: **04/06/16**

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

Vendor: SHARON RUTH PIKE DBA CAPITOL RUBBER STAM
 3314 S CONGRESS AVE
 AUSTIN TX 787046441
United States

Ship To: 2M0001 - Metro Office
 7551 Metro Center Drive, Suite 100
 Austin TX 78744
 United States

Vendor ID: 1742480068 2

Bill To: Attn: Acctng - Mail Code 108-3A
 P. O. Box 149104
 Austin TX 78714-9104
 United States

Purchaser: Andrea Toscano
Phone: 512/676-6142
Fax: 512/463-6159
Email: andrea.toscano@tdi.texas.gov

Fax:
Email: Invoices@tdi.texas.gov

PO Information:

Invoicing: To ensure prompt payment, the vendor must include the following information on all the invoices: (1) the above reference PO Number (2) the above referenced Vendor ID No., and (3) any other relevant information that will confirm purchase. Failure to comply may delay payment process or cause invoice to be returned.

Certification: The terms of the contract are considered complete and payment can be made when the terms and conditions of the order have been met and the goods and/or services have been certified.

Attachment "A-1" Terms and Conditions become part of this Purchase Order.

 QUOTE DATE: 03/29/2016

QUOTE #: EMAIL

QUOTED BY: LORA HEGWOOD | (512) 447-0335
 orders@capstamp.com

 04/06/2016

POCN #1: Change was made to add estimated delivery date on line item #1.

***** ENSURE PO# APPEARS ON INVOICE AND FORWARD TO: invoices@tdi.texas.gov *****

Authorized Signature

Andrea Toscano

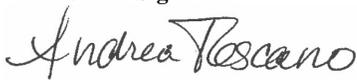
04/06/2016



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Line-Sch	Line Description	Class/Item	Quantity	UOM	Unit Price	Extended Amt	Due Date
1- 1	H-6106 Date Stamp - Date size: 1-1/2",5/32" - Plate: 1-1/2"x2-1/4" - Black Ink \$65.00 with die charge	615/77	1.0000	EA	\$65.00	\$65.00	03/23/2016
						ESTIMATED DELIVERY DATE: 04/05/2016	
						Schedule Total	<input type="text" value="\$65.00"/>
						ReqID: 0000015374	
The stamp should read (wording centered):							
RECEIVED (date) OFFICE OF THE MEDICAL ADVISOR TDI/DWC							
						Item Total for Line # 1	<input type="text" value="\$65.00"/>
2- 1	Black Ink	615/77	1.0000	EA	\$10.00	\$10.00	03/23/2016
						Schedule Total	<input type="text" value="\$10.00"/>
						ReqID: 0000015374	
						Item Total for Line # 2	<input type="text" value="\$10.00"/>
3- 1	Shipping & Handling	962/86	1.0000	EA	\$7.00	\$7.00	03/23/2016
						Schedule Total	<input type="text" value="\$7.00"/>
						ReqID: 0000015374	
						Item Total for Line # 3	<input type="text" value="\$7.00"/>
						Total PO Amount	<input type="text" value="\$82.00"/>

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.

Authorized Signature

04/06/2016



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The Purchase Order Terms and Conditions can be found at:

<http://www.tdi.texas.gov/general/aspurch.html>

Authorized Signature

Andrea Toscano

04/06/2016