

Example 2 - Partial Payment - numerous cost centers - 1 invoice

Receiving Report - Internal Use Only

University of Houston - Clear Lake

PHONE: (281)283-2150
 FAX: (281)283-2156
 2700 BAY AREA BLVD
 HOUSTON TX 77058
 USA

TEXANA CENTER
 4910 AIRPORT AVE BLDG D
 ROSENBERG TX 77471
 USA

Purchase Order 00759 - C17060	Date 11/29/2016	Revision 2-11/29/2016
Payment Terms Net 30	Freight Terms Destination	Ship Via COMMON
Buyer 0005868 Bozeman,Patti D		Fiscal Year 2017

Ship To: ATTN: RECEIVING DOCK
 2700 BAY AREA BLVD
 HOUSTON TX 77058
 USA

Bill To: UNIVERSITY OF HOUSTON-CLEAR LAKE
 ATTN: ACCOUNTS PAYABLE, MAIL CODE 105
 2700 BAY AREA BLVD
 HOUSTON TX 77058
 USA

Vendor: 0000133235

Fax: Phone: Contact:

Account	Fund	Dept ID	Program	Project	Bdgt Ref	Chartfield 1	Dist Amt	Location	Req ID
Line-Schd	Item	Description			Quantity	UOM	PO Price	Ext. Amt	Due Date
53857	1129	C0023	A1023	NA	BP2017		23,490.00	CB1615	0000037518
53857	2064	C0061	D0298	NA	BP2017		10,000.00	CB1615	0000037518
53857	2064	C0061	F0961	NA	BP2017		17,336.00	CB1615	0000037518
53857	1051	C0025	D1243	NA	BP2017		2,674.00	CB1615	
53857	1051	C0025	D1243	NA	BP2017		6,500.00	CB1615	
1-1		CONTRACT SERVICES: AUTISM TEACHER / PARAPROFESSIONAL TRAINING			1.00	LOT	60,000.00	60,000.00	10/01/2017

Quantity
Received

Partial

Date
Received

12/1/16

Signature



NOTE: THE INDIVIDUAL SIGNING THE RECEIVER COPY ACKNOWLEDGES THAT ALL TERMS AND CONDITIONS OF THE CONTRACT HAVE BEEN MET AND PAYMENT IS AUTHORIZED.

CONTRACT NO.: 759-C17060 TERMS OF AGREEMENT (BEGIN AND END DATES): SERVICES FROM 10/1/16 TO 10/1/17 COMPENSATION: University will pay Contractor a total amount not to exceed \$60,000.00 CONTACT NAME AND PHONE: SUSANNE CLARK, X3350 NOTE: THE ENCUMBRANCE AMOUNT OF THIS PO IS FOR THE PERIOD OF (BEGIN AND END DATES): 10/1/16 through 8/31/17

*partial payment \$5000
 please pay from line #5*

Total PO Amount 60,000.00

Notice: This is not a purchase order and should not be sent to vendors.

Receiver Copy

Texana Center

BeST - Behavior Stabilization Team
 4910 Airport Avenue, Bldg D
 Rosenberg, TX 77471



INVOICE

Bill To			Pay To		
University of Houston - Clear Lake email: Susanne Clark: clark@uhcl.edu email: Marisela Maldonado: maldonado@uhcl.edu			Texana Center Attn: Cashier 4910 Airport Ave, Bldg D Rosenberg, TX 77471		
	Code	Cost Center	Due Date	Invoice Date	Invoice #
	3390-37	3530	10th	12/1/2016	5983
	Description				Amount
	Teacher/Paraprofessional Training Services December 2016				\$ - \$ 5,000.00 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -
Texana Center Tax ID#: 76-0253287			Total		
Direct inquires regarding services rendered to: Beth Duncan at 281-239-1371			\$ 5,000.00		
Direct all other inquires to: Tracy Graves at 281-239-1351			Balance Due		
			\$ 5,000.00		

