



CITY OF HOUSTON
HCD Purchasing Unit 3200

PO NUMBER MUST APPEAR ON ALL PAYMENT AND DELIVERY CORRESPONDENCE

Change to PURCHASE ORDER

Vendor Address
Vendor Address Number 142335
XACTWARE SOLUTIONS INC
1426 E 750 N
OREM UT 84097
USA

Mail Invoice to
COH HOUSING & COMMUNITY DEV
FINANCIAL SERVICES SEC, ACCT PAY
P.O. Box 1562
HOUSTON TX 77251-1562

Information
Purchase Order Number/Date **4500311815-1 / 10/15/2019**
CoH Vendor Number **142335**
Page **1 of 1**
Buyer's Name **Clarence Moton 454**
Buyer's Telephone Number **832-394-6212**
Buyer's Fax Number
Buyer's E-mail Address **clarence.moton@houstontx.gov**

CONFIRM RECEIPT AND ACCEPTANCE OF PURCHASE ORDER TO BUYER'S E-MAIL ADDRESS

Shipping Address HOUSING & COMMUNITY DEVELOPMENT
PROCUREMENT SERVICES
2100 TRAVIS, 9TH FLOOR
HOUSTON TX 77002
USA

Terms of payment : Pay net 30 w/o deduction Currency USD

Shipping Terms FOB(Free on board) /DESTINATION

Your person responsible: DARREN GOOCH

Item	Quantity	UM	Material # / Description	Unit Cost	Extended Cost
10	13.00	EA	10048812 LICENSE, APPLICATION, SOFTWARE ASSURANCE Int. Article No. 20880487002 Make XACTWARE Model N/A Xactimate Professional License - 18 Professional includes Online, Mobile and Desktop. As well as 12 months Online Training Center. COMPUTER SOFTWARE FOR MICROCOMPUTERS(PREPROGRAMMED) SOFTWARE,MICROCOMPUTER(NOT OTHERWISE CLASSIFIED) SOFTWARE, WINDOWS 2000 SERVER SOFTWARE ASSURANCE, MICROSOFT SELECT ALL LANGUAGES WINDOWS SERVERS ACADEMIC VOLUME	2,370.00 / EA	30,810.00
	Gross Price		2,370.00 USD	1 EA	13.000 30,810.00
			*** PO quantity changed ***		
			*** Delivery date changed ***		
			Delivery Date: 10/17/2019		
Total ****					USD 30,810.00

The Terms and Conditions specified on <http://purchasing.houstontx.gov> will apply.

I hereby certify a certificate of the necessity of this expenditure is on file in this department.

I hereby certify that the expenditure for the above goods has been duly authorized and appropriated and that sufficient funds are available to liquidate same.

Signature: [Handwritten] Mayor
Signature: [Handwritten] Chief Procurement Officer
Signature: [Handwritten] Controller

XACTWARE.

1100 West Traverse Parkway
Lehi, UT 84043
Phone 800-932-9228 Fax 801-224-1035

TO: ORSON PATE

DATE	XACTWARE REP	PRODUCT	TERM
09/24/2019	Jeremy Deitlaf 801-932-8514	Xactimate	12 Months

QTY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL
18		Xactimate Professional License: Professional includes Online, Mobile and Desktop. As well as 12 months Online Training Center	2370	42,660
			SUBTOTAL	42,660
			SALES TAX	Tax exempt
			SHIPPING & HANDLING	0.00
			OTHER	0.00
			TOTAL	42,660

This is only a quote, not a contract. It is good for 30 days from the date above.

Housing and Community Development



PROCUREMENT REQUEST FORM



Note: The Procurement Request form is to solicit quotes through an informal (Small Purchase) bid process for purchasing transactions \$100,000 or less using Federal Funds (2 CFR 200.31 and \$3,000 to 49,0000 using non-Federal funds (COH AP 5-8, Executive Order 1.14).

Signature of this document is still required.

*** Required Fields [must be completed]**

Description of Purchase *	Xactimate Pro	HCDD Division: *	Support Services
Deadline Date of Request: *	9/23/2019	Purchase Type: *	Computer
Requester Name: *	Pate, Orson - IT	Created:	9/20/2019
Requester Phone Number: *	8323930235		

Brief Description of Scope of Work for Goods/Services:

18 additional Xactimate Professional MultiPlatform Licenses for the Disaster Recovery Division. Need licenses for increased Inspector contractors assigned to support Disaster Recovery Harvey efforts for damage assessment.

\$42,600

Note: Please allow a minimum of three (3) days for bid responses.

FINANCE USE ONLY	PROCUREMENT USE ONLY
Fund Number: <i>5030</i> Funding Source: <i>DR-HARVEY</i> Cost Center: <i>320030002</i> G/L Account: <i>520119</i> Business Area: <i>3200</i> Internal Order: <i>BH3200077-19</i> BFY: <i>FY20</i> Grant: <i>32000077-2019</i> Funds Reservation: Funds Approval Mgr:	Status: Pending Purchase Order No#: Name of Vendor: <i>XACTWARE-142335</i> Date Processed: Date Received: Total Amount: <i>\$42,600</i> Procurement Staff Priority: Notify Department: Notify Department:
Justification of Need for Goods/Services	Procurement Notes:
Requestors Signature: <i>[Signature]</i> Date: <i>9/25/19</i>	Supervising Manager (Purchase under \$5,000) Manager: _____ Date: _____
Buyer's Signature: <i>[Signature]</i> Date: <i>9/27/19</i>	Funds Approval Signature: <i>[Signature]</i> Date: <i>10/1/19</i>
Procurement DPU Signature: _____ Date: _____	(Purchase over \$5,000) CFO Signature Date: <i>10/1/19</i>
(Purchase over \$5,000) Assistant or Deputy Director: <i>[Signature]</i> Date: <i>9/26/19</i>	Director Signature (Only Consultant Services) Director or Designee: _____ Date: _____

Attachments