



CITY OF HOUSTON
 HCD Purchasing Unit 3200
POSSIBLE DUPLICATE COPY DO NOT DUPLICATE SHIPMENT OR SERVICE

PO NUMBER MUST APPEAR ON ALL PAYMENT AND DELIVERY CORRESPONDENCE

PURCHASE ORDER

Vendor Address
 Vendor Address Number 153380
 WRIKE INC
 70 NORTH 2ND STREET
 SAN JOSE CA 95113
 USA

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

Information
 Purchase Order Number/Date 4500305537-0 / 07/15/2019
 CoH Vendor Number 153380
 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 immediately w/o deduction Currency USD

Shipping Terms FOB(Free on board) /DESTINATION

Your person responsible: TRE CALDERON

Item	Quantity	UM	Material # / Description	Unit Cost	Extended Cost
10	25.00	EA	10036444 LICENSE, SOFTWARE, APPLICATION Int. Article No. 20811490113 Make WRIKE Model ENTERPRISE SUBSCRIPTION COMPUTER SOFTWARE FOR MICROCOMPUTERS (PREPROGAMMED) Application Software, Microcomputer, SERVER	88.77 / EA	2,219.25
Gross Price			88.77 USD	1 EA	25.000
*** Item completely delivered ***					
Delivery Date: 07/15/2019					
Total ****					USD 2,219.25

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.

Clarence Moton *Tre Calderon* *Clarence Moton*

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 49,000 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 *	Wrike Licenses - 50	HCDD Division: *	Support Services
Deadline Date of Request: *	7/5/2019	Purchase Type: *	Computer
Requester Name: *	Pate, Orson - IT	Created:	6/28/2019
Requester Phone Number: *	8323930235		

Brief Description of Scope of Work for Goods/Services:
50 additional Wrike licenses for Disaster Recovery team members to facilitate project management. \$2,219.18

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

FINANCE USE ONLY	PROCUREMENT USE ONLY
Fund Number: 5030 Funding Source: DR-HARVEY Cost Center: 3200030006 G/L Account: 520119 Business Area: 3200 Internal Order: B032000 77-19 BFY: FY2020 Grant: 320000 77-0019 Funds Reservation: Funds Approval Mgr:	Status: Pending Purchase Order No#: Name of Vendor: Date Processed: Date Received: Total Amount: Procurement Staff Priority: Notify Department: Notify Department:

Justification of Need for Goods/Services

Procurement Notes:

Requestors Signature: <i>Orson Pate</i> Date: <i>6/28/19</i>	Supervising Manager (Purchase under \$5,000) Manager: <i>BSB</i> Date: <i>6/28/19</i>
Buyer's Signature: <i>[Signature]</i> Date: <i>6/28/19</i>	Funds Approval Signature: Date: <i>7/1/19</i>
Procurement DPU Signature: Date: <i>7/10/19</i> <i>Tywana L. Rhone</i>	(Purchase over \$5,000) CFO Signature Date:
(Purchase over \$5,000) Assistant or Deputy Director: Date	Director Signature (Only Consultant Services) Director or Designee: Date:

Attachments

CITY OF HOUSTON HOUSING & COMMUNITY DEVELOPMENT DEPARTMENT

RECORD OF CONCURRENCE FOR APPROVAL

RECEIVED
 JUN 27 1:07 PM
 2026903

4500 2500730

SUBJECT: Wrike Invoice 153380	DATE SUBMITTED TO COH (COMPLETE): 06/27/2019	CONTRACT #/PO# FUNDING SOURCE: Ex:46000***** N/A	ONBASE DOC ID: 2026903
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EXPLANATION: Wrike Invoice for additional licenses for Disaster Recovery Team members (2100 Travis, 4th Floor)

	ORIGINATOR/ RELATIONSHIP MANAGER	DATE ORIGINATED	PERSON TO CONTACT FOR DETAILS/ CONTACT'S NUMBER	AMOUNT OF PAYMENT:
ROUTING SEQUENCE	APPROVING AUTHORITY	SIGNATURE	DATE	COMMENTS
1.	Orson Pate	06/27/2019	832.393.0235	\$2,219.18
2.	Keith Bynam		06/27/2019	
3.				
4.				
5.				
6.				
7.				

City of Houston Housing and Community Development
Admin. Purchase Order or Non-Contract Payment Request

Vendor: Wrike

Purchase Order# (If applicable): _____

Payment Amount: \$2,219.18 _____

Date Invoice Received by City of Houston: 06/27/2019

By signature below, I certify a full understanding of my accountability for having performed the following procedures and do not expect them to be validated again. I certify that all items were received or services were rendered.

- Confirmed that all invoice(s) are attached.
- Confirmed that all invoices are in compliance with OMB Super Circular 2 CFR 200.
- Confirm that all required documentation is included with this request.

Project Manager Name: Orson Pate _____

Project Manager Signature: 

Date: 06/27/2019 _____



Wrike, Inc.
 70 North 2nd Street,
 San Jose CA 95113
 650-318-3551
 www.wrike.com
 ar@team.wrike.com

Invoice

Please include Invoice # INV00376061 on Payment

Bill to:	City Of Houston 901 Bagby St., Houston, Texas, 77002, United States
Sold to:	City Of Houston 901 Bagby St., Houston, Texas, 77002, United States
Contact Name:	Orson Pate
PO Number:	
VAT Number:	

Invoice #	INV00376061
Invoice Date	06/17/2019
Terms	Net 30
Due Date	07/17/2019

Service Description	Qty	Amount	Sales Tax/VAT	Total Amount
Enterprise Subscription Licenses Annually -- Proration 06/17/2019-08/30/2019	50	\$4,438.36	\$0.00	\$4,438.36
Enterprise Subscription Licenses Annually -- Proration Credit 06/17/2019-08/30/2019	25	-\$2,219.18	\$0.00	-\$2,219.18
Amount Due for Services (USD):				\$2,219.18

Net Amount Due (USD): \$2,219.18

<p>Please Remit Invoices to: Wire/ACH -- HSBC Bank USA, N.A 1420 El Paseo De Saratoga San Jose, CA 95130 ABA/Routing Number: 122 240 861 Account Number: 883 007 703 SWIFT/BIC Code: MRM DU 533</p> <p>Checks -- to be mailed to: P.O. Box 1180 San Jose, CA 95108</p>	<p>For any questions please reach us out at ar@team.wrike.com</p> <p>Notes:</p> <p>Please include Invoice # on the Payment. If you are paying for multiple Invoices, provide all Invoice numbers in full and separated by a " / " with a space before and after.</p> <p>Please find our Terms here: https://www.wrike.com/terms/</p> <p>Professional Services shall be deemed delivered in accordance with the applicable Statement of Work.</p>
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