



GT Distributors - Austin
 P.O. Box 16080
 Austin TX 78761
 (512) 451-8298 Ext. 0000

Quote	QTE0045477
Date	11/7/2016
Page:	1

Bill To:

Sugar Land, City of (TX)
 Attn: Accountinng
 P O Box 110
 Sugar Land TX 77487-0110

Ship To:

Sugar Land, City of (TX)
 1200 Hwy 6
 Attn Matt Shockey
 Sugar Land TX 77478

Purchase Order No.	Customer ID	Salesperson ID	Shipping Method	Payment Terms	Reg Ship Date	Master No.
TCI 2016	000949	AP	FACTORY DIRECT	NET 30	0/0/0000	1,537,038
Quantity	Item Number	Description	UOM	Unit Price	Ext. Price	
58	TCI-CTB2_A_TRBO/LO	TCI Lib 2 For APX OD Alpha PTT w/vol & gas n Includes:GEL SEALS AND LOWER ARC RAIL ADAPTER	Each	\$893.61	\$51,829.38	
2	TCI-CTB3_U_BSC/LOD	Lib III w/2APX cables 1 cell cable w/RACE BT+ Includes Gel seals	Each	\$1,284.03	\$2,568.06	
6	TCI-S-PTT2.5/1.2*	TCI FINGER SNIPER PTT VLCRO 48IN CBL	EA	\$45.83	\$274.98	
55	TCI-MASTV4.24-1.0OD	TCI MAST VER 4 24 CBL OD HARNESS MALI	EA	\$79.17	\$4,354.35	
1	NOTES:	Notes: Package Includes TEAM WENDY EXFIL Headset Adapters	EA	\$0.00	\$0.00	
1	NOTES:	Notes: Quotation reflects Buyboard Contract 432-13 Contract period 04/01/14-03/31/17. Fax BuyBoard PO's to 1-800-211-5454 only.	EA	\$0.00	\$0.00	

All returns must be authorized by GT Distributors. Interest charges on past due invoices at the maximum rate allowed by law.

Your sales person is Doriane Pissonier.
 Matt Shockey

Subtotal	\$59,026.77
Misc	\$0.00
Tax	\$0.00
Freight	\$0.00
Total	\$59,026.77

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY CERTIFICATION OF FILING

Certificate Number:
2016-140291

Date Filed:
11/28/2016

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

GT DISTRIBUTORS, INC
AUSTIN, TX United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

FORT BEND COUNTY

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

13692
GT DISTRIBUTORS, INC BUYBOARD CONTRACT #432-13

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



[Handwritten Signature]

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ALEXIS M. HOSTETTER, this the 28th day of NOVEMBER, 2016, to certify which, witness my hand and seal of office.

Carol A. Stafford Carol A. Stafford Accounting
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

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Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY CERTIFICATION OF FILING

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
GT DISTRIBUTORS, INC
AUSTIN, TX United States

Certificate Number:
2016-140291

Date Filed:
11/28/2016

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
FORT BEND COUNTY

Date Acknowledged:
12/06/2016

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.
13692
GT DISTRIBUTORS, INC BUYBOARD CONTRACT #432-13

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.

6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath