



**Office of the County Auditor
Karnes County, Texas**

119 N. Browne St. Karnes City, TX 78118
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Tom Dupnick, E.A.
County Auditor

Alma Sanchez
1st Assistant County Auditor

Rebecca Bartosch
2nd Assistant County Auditor

Josette Kotara
3rd Assistant County Auditor

Dear Vendor,

The purpose of this letter is to advise you that Karnes County has adopted a purchasing policy effective June 1, 2021. All work, projects, supplies and any commodities to be purchased must be procured using an approved Karnes County Purchase Order.

Karnes County has a strict "No Pay" policy that has been widely communicated. This means that referencing a purchase order is mandatory when invoicing. Please make sure you, as a vendor, always ask Karnes County to provide a Purchase Order as soon as you are contacted to provide services or purchase goods. Please ensure that you have received a Purchase Order from Karnes County before beginning work or providing goods or services. **Without a Purchase Order, the vendor is taking the risk that invoices for goods, services or work may not be paid.**

For your information, when a Purchase Order is approved internally it will be sent as a .PDF via-email to the contact provided by your company. As a reminder, it is your company's obligation to ensure all contact information, W9 and bank information (ACH's) including a current email address are accurate.

This policy has clear benefits for both Karnes County and our vendors. The pre-approval process gives the vendor an assurance that the order has been approved by an appropriate Karnes County manager before the order reaches you. It also ensures that a supplier receives all the necessary invoice information which minimizes the risk of extra administration and payment interruptions.

Questions concerning any of the information provided in this memo should be addressed to the Karnes County Auditor, 119 N. Browne St. Karnes City, Texas 78118 or please call our office.

Respectfully Submitted,

A handwritten signature in blue ink that reads "Tom Dupnick".

Tom Dupnick
Karnes County Auditor

Texas Sales and Use Tax Exemption Certification

This certificate does not require a number to be valid.

Name of purchaser, firm or agency KARNES COUNTY	
Address (Street & number, P.O. Box or Route number) 119 N. BROWNE ST.	Phone (Area code and number) 830-780-2721
City, State, ZIP code KARNES CITY, TEXAS 78118	

I, the purchaser named above, claim an exemption from payment of sales and use taxes (for the purchase of taxable items described below or on the attached order or invoice) from:

Seller: _____

Street address: _____ City, State, ZIP code: _____

Description of items to be purchased or on the attached order or invoice:

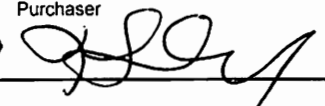
Purchaser claims this exemption for the following reason:

**GOVERNMENTAL AGENCY
TAX EXEMPT**

TAX ID# 74-6001480

I understand that I will be liable for payment of all state and local sales or use taxes which may become due for failure to comply with the provisions of the Tax Code and/or all applicable law.

I understand that it is a criminal offense to give an exemption certificate to the seller for taxable items that I know, at the time of purchase, will be used in a manner other than that expressed in this certificate, and depending on the amount of tax evaded, the offense may range from a Class C misdemeanor to a felony of the second degree.

Purchaser sign here 	Title COUNTY AUDITOR	Date 6/15/22
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NOTE: This certificate cannot be issued for the purchase, lease, or rental of a motor vehicle.

THIS CERTIFICATE DOES NOT REQUIRE A NUMBER TO BE VALID.

Sales and Use Tax "Exemption Numbers" or "Tax Exempt" Numbers do not exist.

This certificate should be furnished to the supplier. Do not send the completed certificate to the Comptroller of Public Accounts.

ACH AUTHORIZATION FORM

KARNES COUNTY

CREDIT AUTHORIZATION FORM

I (we) hereby authorize **KARNES COUNTY** to initiate entries to my (our) checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY notifies me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Name of Financial Institution)

(Address of Financial Institution – Branch, City, State, & Zip)

(Signature)

(Date)

(Name Please Print)

(Address – Please Print)

Financial Institution Routing Number: _____

Checking/Savings Account Number: _____

*Please attach to this form a voided check or a letter from your financial institution that contains the company's routing number and account number.
