



Purchase Order

CITY OF LOMPOC, PURCHASING,
100 CIVIC CENTER PLAZA, LOMPOC, CA 93436-6916

Vendor Information **PO Number and Terms (PO number must appear on invoice)**

BRENNTAG PACIFIC INC
FILE #2674
LOS ANGELES, CA 90074

PO Number R230375
Requisition Number
Payment Terms NET 30
Shipping Terms FOB DESTINATION
Buyer Name Theresa Hernandez
PO Date 10/05/2022

Phone: 562-903-9626
Email: LTua@brenntag.com
Fax: 562-903-9622
Vendor # 506

Ship Order to: City of Lompoc **Billing: email PDF to ap@ci.lompoc.ca.us or US mail to**

Water Treatment Plant
601 E. North Avenue
LOMPOC, CA 93436

City of Lompoc
Accounts Payable
100 Civic Center Plaza
Lompoc, CA 93436-6916

| Item# | Description | Qty | Unit | Unit Price | Extension |
|-------|-------------|-----|------|------------|-----------|
|-------|-------------|-----|------|------------|-----------|

| | | | | | |
|---|------------------------------|-----|------|--------------|--------------|
| 1 | RPO BRENNTAG PACIFIC - WATER | 1.0 | EACH | \$150,000.00 | \$150,000.00 |
|---|------------------------------|-----|------|--------------|--------------|

THIS RESTRICTED PURCHASE ORDER (RPO) IS ONLY IN EFFECT UNDER THE CONDITIONS NOTED HEREIN.
ONLY DEPARTMENT AUTHORIZED: UTILITY / WATER
PURCHASE SERVICE/COMMODITY: CAUSTIC SODA
TERM: JULY 1, 2022 through JUNE 30, 2023
FISCAL YEAR NOT TO EXCEED: \$150,000.00
City Contact/Contract Administrator: Shaun Ryan, s_ryan@ci.lompoc.ca.us ; Ph.: (805)875-8701

INVOICES must include: RPO NUMBER (else invoices may be returned), employee name and City ID #, and shall be emailed in PDF to ap@ci.lompoc.ca.us

THE FOLLOWING ATTACHMENTS ARE PART OF THIS AGREEMENT:

- PO terms and conditions.
- Invoice billing instructions
- Insurance requirements "Attachment A", required for on-site services

** The City reserves the right to cancel or revise this order at any time by issuing a written change order.
** No work shall be performed on City premises without prior clearance by the office of the purchasing agent.
*** It is your responsibility to assure insurance is current while this RPO is in effect.


VENDOR ADMINISTRATOR: If you are able to accept, you must sign below and return a copy of this RPO to t_hernandez@ci.lompoc.ca.us or by fax to (805)735-7628.

Signature Date

Print Name

Christine Donnelly 10/05/2022
Christine Donnelly 10/05/2022
Dean Albro 10/05/2022
Theresa Hernandez 10/06/2022

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By: 
Purchasing Manager

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|-------|-------------|-----|------|------------|-----------|
|-------|-------------|-----|------|------------|-----------|

Email _____ Fed. Tax ID # _____

***** GL SUMMARY *****

751WRT - 522050 \$150,000.00

| | |
|-----------------|---------------------|
| Subtotal | \$150,000.00 |
| Total Sales Tax | \$0.00 |
| Total Freight | \$0.00 |
| Total Discount | \$0.00 |
| Total Credit | \$0.00 |
| PO Total | \$150,000.00 |