

**STATE OF NEW YORK – DEPT OF CORRECTIONS AND COMMUNITY SUPERVISION  
PURCHASE REQUISITION**

NAME OF REQUESTER <b>R. Karlson - RPL 2</b>		REQUISITION NAME		
UNIT / LOCATION <b>Recreation - 81 Basement</b>		REQUISITION ID		
PHONE NO. <b>ext. 4502</b>		PURCHASE ORDER NO. <b>TC23000308</b>		
EMAIL <b>Richard.Karlson@doccs.ny.gov</b>		<div style="text-align: right; font-size: small;">DATE STAMP – PURCHASING/BUSINESS OFFICE ONLY</div>		
SHIP TO ADDRESS / AREA:				
<b>Recreation Department - 81 basement</b>				
DESCRIPTION (Include Item No.)	QUANTITY	UNIT OF MEASURE	UNIT PRICE	TOTAL AMOUNT
6' tall pole pad 4" Purple	2	each	254.00	508.00
Shipping/Freight Included? YES <input type="checkbox"/> NO <input type="checkbox"/>		If no, cost for freight \$ _____		
MSDS REQUIRED? YES <input type="checkbox"/> NO <input type="checkbox"/>		REQUEST TOTAL \$		
VENDOR NAME <b>AK Athletics</b>		VENDOR PHONE NO. <b>(800) 431-4372</b>		
VENDOR CONTACT: <b>sales@akathletics.com</b>		VENDOR E-MAIL <b>akathletics.com</b>		
VENDOR ADDRESS		VENDOR FAX NO. <b>(614) 920-3233</b>		
		VENDOR ID NO.		
CONTRACT NO.		COMMODITY GROUP NO.		
PREFERRED SOURCE: YES <input type="checkbox"/> NO <input type="checkbox"/>		M/WBE? YES <input type="checkbox"/> NO <input type="checkbox"/>		
IF NOT M/WBE, JUSTIFICATION: EXEMPTION <input type="checkbox"/> EXCLUSION <input type="checkbox"/>				
<b>PLEASE ATTACH ALL PRICE QUOTES</b>				
QUOTES: \$		Vendor:		
\$		Vendor:		
\$		Vendor:		
JUSTIFICATION FOR PURCHASE (REQUIRED):				
<b>replacement pole pads for outdoor basketball court</b>				
<b>B-1184 (ATTACHMENT A or B), if required #</b>				
INVENTORY ON HAND: <b>none</b>		MONTHLY USAGE:		EMERGENCY? YES <input type="checkbox"/> NO <input type="checkbox"/>
SIGNATURE (Unit Supvr/Bureau Chief): <b>Richard Karlson</b>		<small>Digitally signed by Richard Karlson Date: 2023.09.22 13:55:49 -04'00'</small>		DATE:
REQUIRED SIGNATURE (Regional Director/Director/Dep Supt): <b>Shaunte Mitchell</b>		<small>Digitally signed by Shaunte Mitchell Date: 2023.09.22 15:23:04 -04'00'</small>		DATE:
CHARGED TO:	DEPT:	PROGRAM:	FUND:	
ACCOUNT:	CHARTFIELD:	BUD REF:	PC BUS UNIT:	
PROJECT:	ACTIVITY:	CATEGORY:	OPER UNIT:	

REJECTED: ☐ REASON: \_\_\_\_\_

## Szajko, Nicholas J (DOCCS)

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**From:** Karlson, Richard A (DOCCS)  
**Sent:** Wednesday, November 8, 2023 9:06 AM  
**To:** Szajko, Nicholas J (DOCCS)  
**Subject:** FW: pole pads.pdf  
**Attachments:** pole pads.pdf

**From:** Mitchell, Shaunte (DOCCS) <Shaunte.Mitchell@doccs.ny.gov>  
**Sent:** Wednesday, November 1, 2023 9:44 AM  
**To:** Karlson, Richard A (DOCCS) <Richard.Karlson@doccs.ny.gov>  
**Subject:** FW: pole pads.pdf

**From:** Kowalczyk, Kate (DOCCS) <Kate.Kowalczyk@doccs.ny.gov>  
**Sent:** Tuesday, October 31, 2023 11:37 AM  
**To:** Odonohue, Nuala (DOCCS) <Nuala.ODonohue@doccs.ny.gov>  
**Cc:** Herzog, Jean (DOCCS) <Jean.Herzog@doccs.ny.gov>; Mitchell, Shaunte (DOCCS) <Shaunte.Mitchell@doccs.ny.gov>; Joseph, Joseph P (DOCCS) <Joseph.Joseph@doccs.ny.gov>  
**Subject:** FW: pole pads.pdf

Good morning.

Your attached request for Program Services equipment funding of **\$1,016** for 6' pole pads (2) for Recreation has been approved by DC McKoy. Please use coding:

- Program – 18005
- Fund - 10050
- Acct – 57034
- Bud Ref- 2023-24

**NOTE:** Please use operating funds for any shipping/freight charges.

**When processing a PO, please attach this email.**

Thanks.

Kind regards,

*Kate Kowalczyk*

She/Her/Hers/They/Them/Their  
Associate Budgeting Analyst  
NYS Dept of Corrections & Community Supervision  
Bldg 4

State Campus  
Albany, NY 12226  
[Kate.Kowalczyk@doccs.ny.gov](mailto:Kate.Kowalczyk@doccs.ny.gov)



**From:** Mitchell, Shaunte (DOCCS) <[Shaunte.Mitchell@doccs.ny.gov](mailto:Shaunte.Mitchell@doccs.ny.gov)>  
**Sent:** Friday, September 22, 2023 3:24 PM  
**To:** Reid, James F (DOCCS) <[James.Reid@doccs.ny.gov](mailto:James.Reid@doccs.ny.gov)>  
**Cc:** Karlson, Richard A (DOCCS) <[Richard.Karlson@doccs.ny.gov](mailto:Richard.Karlson@doccs.ny.gov)>  
**Subject:** PO: pole pads.pdf

Please see attached.

**Shaunte Mitchell**  
**Deputy Superintendent of Programs**

**NYS Department of Corrections & Community Supervision**  
Taconic Correctional Facility  
250 Harris Road  
Bedford Hills, NY 10507  
(914) 241-3010 ext. 4000  
[Shaunte.Mitchell@doccs.ny.gov](mailto:Shaunte.Mitchell@doccs.ny.gov)



## Department of Taxation and Finance

November 7, 2022

New York State Department of Corrections and Community  
Supervision  
Taconic Correctional Facility  
250 Harris Rd  
Bedford Hills NY 10507-2497

Dear Sir or Madam:

The Tax Law exempts New York State governmental entities such as your organization, New York State Department of Corrections and Community Supervision, from the payment of New York State and local sales and use taxes on their purchases. In order to make tax exempt purchases, a New York State governmental entity must present vendors with the entity's official purchase order or other documentation (e.g., payment voucher, contract of sale, Form AC 946, *Tax Exemption Certificate*, Form ST-129, *Exemption Certificate - Tax on occupancy of hotel rooms*, etc.) which indicates that the purchaser is a New York State governmental entity.\

**14740026K Tax exemption numbers and Form ST-119.1, *Exempt Organization Exempt Purchase Certificate*, are not issued to New York State governmental entities.** If a vendor requests a tax exemption number or Form ST-119.1, *Exempt Organization Exempt Purchase Certificate*, from you, the New York State Department of Corrections and Community Supervision may give the vendor a copy of this letter. This will assure the vendor that a governmental purchase order, or other evidence that New York State Department of Corrections and Community Supervision is the purchaser, and this letter are the only documentation the vendor needs in order to not collect sales tax.

For additional information, please refer to Publication 843, *A Guide to Sales Tax in New York State for Exempt Organizations*, which is available on the New York State Tax Department website at [www.tax.ny.gov](http://www.tax.ny.gov).

New York State Department of Taxation and Finance  
OTPA-Taxpayer Guidance Division  
Sales Tax Exempt Organizations Unit