

# Health and Human Services Commission

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> Prepaid & Allow	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>HHSTX-5-0000354556</b>
If advertised by informal bid, Invitation for Offer, or Request for Proposal; all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.			<b>Date</b> 09/01/24
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> Page 1
			<b>Ship To:</b> 5035 - Rusk:805 N Dickinson Dr HEALTH & HUMAN SERVICES COMMISSION 805 N Dickinson Dr PO Box 318 Rusk TX 75785 United States

**Vendor:** 1751218448 6  
WILLIAM GEORGE CO INC  
PO BOX 1387  
LUFKIN TX 759021387  
United States

**Bill To:** Invoice - DADS  
HEALTH & HUMAN SERVICES COMMISSION  
540 Chapel Drive  
PO Box 1132  
Mexia TX 76667  
United States

**Fax:** 254/562-1894  
**Email:** 718Accounting@hhs.texas.gov

**Exempt Reason:** CLIENT PURCHASES

**Purchaser:** Reyes,Jeffrey Alexander

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY25 Blanket Purchase Order for Food and Paper products, to be delivered to Rusk State Hospital from September 01, 2024, through August 31, 2025.

Goods are to be delivered and invoiced after September 1, 2024

BLANKET PURCHASE ORDER  
TERM: Initial period is 09/01/2024 - 08/31/2025 with no options to renew.

SHIPPING INSTRUCTIONS:  
Shipping Instructions: DO NOT SHIP until notified by Agency Contact.  
ALL ITEMS MUST BE WITHIN THE REQUIRED USE BY DATES. FACILITY PERSONNEL HAVE THE RIGHT TO REFUSE UNACCEPTABLE PRODUCTS. OVERAGES WILL NOT BE ACCEPTED.

FREIGHT: F.O.B. Destination Freight Prepaid Allowed

Delivery hours are from 8:00-11:30 AM and 1:00-4:30 PM Monday-Friday except designated State Holidays

FACILITY CONTACT  
Facility: Rusk State Hospital  
Lead/SME/Agency Contact: Marla Kozlovsky  
Lead Contact Email: marla.kozlovsky@hhs.texas.gov  
Lead Contact Phone: 903-683-3421

Contract Manager (for SCOR): Jerry McClure  
Contract Manager Email: jerry.mcclure@hhs.texas.gov  
Contract Manager Phone: 903-683-7621

HHSC BUYER:  
Jeff Reyes, CTCD, CTCM  
Jeffrey.reyes@hhs.texas.gov

VENDOR:  
VIN #: 1751218448  
William George Co Inc.  
Vendor Contact: Randy George  
Vendor Phone: 936-634-7738  
Vendor Email: rgeorge@wmgeorgeco.com

Formal IFB HHS0015228 Signed by Tammie Mosby 8/6/2024.

PURCHASING METHOD: EX/0  
Purchase made under the Authority of Texas Government Code 2155.144 for goods or services acquired for the benefit or on behalf of clients of

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programs operated by the agency.

Not to Exceed \$100,000

**REQUIREMENTS/LIMITATIONS:**

FY2025 funding.

This purchase order is contingent upon the availability of lawful appropriations by the Texas Legislature and may be cancelled at any time in whole or part without penalty. HHS or the agency does not commit to ordering specific quantities of good or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those actually ordered and received by the agency. Any funds not utilized by 08/31/2025 are automatically cancelled.

Invoice per 34 TAC §20.487, amended effective May 1, 2022

Please follow the Texas Comptroller's Invoicing standards as seen below. Include PO Number on invoices, bills, receipts, bill lading, packing slips, and back order.

(a) To receive payment, a contractor must submit an invoice to the State Agency receiving the goods or services.

The invoice should include, but is not limited to including:

- (1) the contractor's mailing and e-mail (if applicable) address;
- (2) the contractor's telephone number;
- (3) the name and telephone number of a person designated by the contractor to answer questions regarding the invoice;
- (4) the state agency's name, agency number, delivery address;
- (5) the state agency's purchase order number, if applicable;
- (6) the contract number or other reference number, if applicable;
- (7) a valid Texas identification number (TIN) issued by the Comptroller;
- (8) a description of the goods or services, in sufficient detail to identify the order which relates to the invoice;(9) unit numbers corresponding to the amount of the invoice;
- (10) if submitting an invoice after receiving an assignment of a contract, the TIN of the original contractor and the TIN of the successor vendor;
- (11) other relevant information supporting and explaining the payment requested.

Requisition 270331

1-1	FY25 Perishables/Frozen Foods for Canteen	393-56	1.00	LOT	75000.00000	\$75,000.00	09/01/2024
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**Schedule Total**                     \$75,000.00

**Item Total for Line 1**                     \$75,000.00

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**Total PO Amount** \$75,000.00

No substitutions or cancellations are permitted without prior approval by Health & Human Services Commission. If contractor fails to deliver by promised delivery date (or reasonable time thereafter) or fails to meet requirements, Health & Human Services Commission reserves the right to purchase elsewhere and charge an increased cost and handling to contractor.

Over shipments will not be accepted unless authorized by Buyer prior to shipment. The dispute resolution process provided for in Chapter 2260 of the Texas Government Code must be used by the Health & Human Services Commission and Contractor to attempt to resolve all disputes arising under the contract.

Performance under this purchase order is acceptance of the attached affirmations and terms and conditions.

**Authorized By**

*John A. Reyes* CTCO, CTCM

**08/08/2024**