Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Ter	ms Freight Terms	Ship Via				
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHS	TX-3-0000285656	
specifications	by informal bid, Invitation for Offer, or R, terms, and conditions set forth in the ad	vertisement and vendor's	Date 09/01/22	Revision	Page 1	
conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.			Ship To:	To: 4038 - Corpus Christi:902 Airport HEALTH & HUMAN SERVICES COMMISSION 902 Airport Rd		
_	s, shipping papers, invoices, and correschase Order Number.	spondence must be identified		Corpus Christi TX 78405 United States		
Vendor:	1860748363 5		Bill To:	Invoice - DADS		

MOBILE MINI I INC PO BOX 650882 DALLAS TX 75265-0882

United States

HEALTH & HUMAN SERVICES COMMISSION

4001 Highway 36 South Brenham TX 77833 United States

Fax: 979/277-1865

Email: 712Accounting@hhs.texas.gov

| Line-Sch | Inventory Item ID - Line Description | Class/Item | Quantity | UOM | PO Price | Extended Amt | Due Date

FY23 funding

SP/E

Requisition 187421 Pricing per Quote xxxxxx PO Service Dates 09/01/2022 to 08-31-2023

Attached Terms and Conditions apply to this Purchase Order.

This purchase order is contingent upon the continued availability of lawful appropriations by the Texas Legislature and may be canceled at any time in whole or part without penalty. HHS or the agency does not commit to ordering specific quantities of goods/services or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those goods and/or services ordered and received by the agency. Any funds not utilized by 08-31-2023 are automatically canceled.

Vendor contact

Vendor Name: MOBILE MINI INC

Vendor ID: 1860748363

Vendor Contact: ALFREDO REYES Vendor Phone: 361-356-3674 Vendor Email: areyes@mobilemini.com

Lead Contact (Program SME) Name: RONALD (STEVE) STRADER

Lead Contact Email: Ronald.strader@hhs.texas.gov

Lead Contact Phone: 361-888-5301

Contract Manager Name: CHRISTINE CRUZ Contract Manager Email: christine.cruz@hhs.texas.gov Contract Manager Phone: 361-888-5301 ext 7507

SCOR Division: 19 - State Operated Facilities

PCS Email PO to: Ronald.strader@hhs.texas.gov

Christine.cruz@hhs.texas.gov 712accounting@hhs.texas.gov

Byron Wright CTCD Purchaser V Procurement and Contracting Services 512-406-2512 Byron.Wright@hhs.texas.gov

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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			Date 09/01/22	Revision		Page 2			
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Vendor:	1860748363 5 MOBILE MINI I INC PO BOX 650882 DALLAS TX 75265-0882 United States			Bill To:	4001 Highway 36	HEALTH & HUMAN SERVICES COMMISSION 4001 Highway 36 South Brenham TX 77833			
				Fax: Email:	979/277-1865 712Accounting@hhs.texas.gov				
				Purchaser:	Wright,Byron Ca		12/406-2512		
Line-Sch	Inventory Item ID - Line Description	on Class/Item Q	uantity	UOM	PO Price	Extended Amt	Due Date		
XS40ADZS Service: S' Facility: Ch	K3000 20 Container \$83.00 per mont S0084 40 Container \$140.67 per mor TORAGE CONTAINER RENTAL NE H3 Corpus Christi State Supported Li applicable)	nth EDED FOR FY23 HAB	THERA	PY DEPT					
First and L	_ast Name								
Phone nun	mber								
Email addr	ress								
1-1	FY23 SERVICES STORAGE CONTAINER RENTAL HAB THERAPY CH3 CCSSLC	981-24	1.00	LOT	2684.04000	\$2,684.04	09/01/2022		
	THERAI I CHS CCSSEC								

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

Item Total for Line 1

Total PO Amount

\$2,684.04

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

Authorized By

Byron Wright, ctco,

04/08/2022