Health and Human Services Commission

Purchase Order

Dispatch via Print

| Payment Te | 8 | Ship Via | | ш | JCTV 2 0000200E07 |
|---|---------------------------|----------|----------------|--|------------------------|
| Net 30 | Prepaid & Allow | BEST WAY | Purchase Order | ПГ | HSTX-3-0000289597 |
| If advertised by informal bid, Invitation for Offer, or Request for Proposal; all | | | Date | Revision | Page |
| specifications, terms, and conditions set forth in the advertisement and vendor's | | | 09/01/22 | 1 - 6/14/2022 | 1 |
| conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements. All shipments, shipping papers, invoices, and correspondence must be identified | | | Ship To: | 3625 - Houston:9111 Eastex Fwy DEPT FAMILY AND PROTECTIVE SERVICES 9111 Eastex Fwy PO Box 16017 Houston TX 77093 United States | |
| with our Purchase Order Number. | | | | | |
| Vendor: | 1760454514 9 | | Bill To: | Invoice-HHSC Finance | cial Service |
| | HARRIS COUNTY | | | HEALTH & HUMAN | SERVICES COMMISSION |
| | HARRIS COUNTY RIDES | | | 5425 Polk St | |
| | ACCOUNT PAYABLE RECEIVABI | LE DEPT | | PO Box 16017 | |
| | 8410 LANTERN POINT DR | | | Ste 220 | |
| | HOUSTON TX 770541552 | | | Houston TX 77023 | |
| | United States | | | United States | |
| | | | Fax: | 713/767-2488 | |
| | | | Email: | Reg_06_Regional_Bu | dget_PRF@hhsc.state.tx |
| | | | | | |

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

FY23 Funding PO PO Expires 8/31/23

TGC CHAPTER 2167. LEASE OF SPACE FOR STATE AGENCIES

HHSC/PCS CONTACT: Lisa Freeman

PHONE: 512-406-2567

EMAIL: lisa.freeman@hhsc.state.tx.us

Contract Manager: shekima.fleary@hhs.texas.gov

EndUser: veronica.barnes@hhs.texas.gov

PM/PCC: EX/0 Requisition: 191991

1-1 971-45 1.00 LOT 191347.00000 \$191,347.00 09/01/2022

R06_ FY23 PO Lease - 9111 Eastex Fwy., Houston_FY22_PO#HHSTX-2-

67413

Schedule Total \$191,347.00

\$191,347.00

Item Total for Line 1

Total PO Amount \$191,347.00

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

You Human, CTCD, CTCM

06/14/2022