Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Te	erms Freight Terms	Ship Via					
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	НН	STX-3-0000290746		
specification	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.			Revision			
guarantees g				6433 - Carlsbad:11640 US Hwy 87 N HEALTH & HUMAN SERVICES COMMISSION 11640 US Hwy 87 N			
•	ts, shipping papers, invoices, and corre rchase Order Number.	spondence must be identified		11640 N US Hwy 87 Carlsbad TX 76934 United States			
Vendor:	1582608861 7 JOHNSON CONTROLS FIRE PRO' DEPT CH 10320 PALATINE IL 600550001 United States	TECTION LP	Bill To:	Invoice - DADS HEALTH & HUMAN S 2501 Maple St PO Box 451 Abilene TX 79602 United States	SERVICES COMMISSION		

Fax: 325/795-3807

Email: 710Accounting@hhsc.state.tx.us

				Purchaser:	Bartelme, Tammy	512/406-2566
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt Due Date

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

DELIVERY: As scheduled

QUOTE #: FY23 Quote dated 05/19/2022

AGENCY DELIVERY CONTACT:
Perry Havard
325-465-2300
perry.havard@hhs.texas.gov

San Angelo State Supported Living Center

HHSC BUYER: Tammy Bartelme, CTCD, CTCM 512-406-2566 Tammy.Bartelme@hhs.texas.gov

VENDOR: Chad Stein 281-814-4645 chad.1.stein@jci.com.

SOURCEWELL GPO and HHS Contract # HHS000789700001

PURCHASING METHOD: EX/0

Purchase made under the Authority of Texas Government Code 2155.1441 for Health Care Purchasing including group purchasing programs.

REQUIREMENTS/LIMITATIONS:

This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature. FY2023

Requisition 192738

1-1 936-33 1.00 LOT 68417.00000 \$68,417.00 08/31/2023

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guarantees g requirement All shipmer	responses become a part of this numbered p goods or services delivered meet or exceed r s. nts, shipping papers, invoices, and corresponded or Number.	Ship To:	6433 - Carlsbad:11640 US Hwy 87 N HEALTH & HUMAN SERVICES COMMISSIO 11640 US Hwy 87 N 11640 N US Hwy 87 Carlsbad TX 76934 United States			
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			Fax: Email:	325/795-3807 710Accounting@hh	sc.state.tx.us	
			Purchaser:	Bartelme,Tammy		2/406-2566
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantity	UOM	PO Price	Extended Amt	Due Date
	EA total 24.712.00					

FA total 34,713.00 Wet SP total 17,112.00 AF total 426.00 BF total 5230.00 Pre-action total 436.00 Extinguishers total 10,500.00

 Schedule Total
 \$68,417.00

 Item Total for Line 1
 \$68,417.00

 Total PO Amount
 \$68,417.00

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.