

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-3-0000291263
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.			Date 09/01/22
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 2203 - Big Spring:1901 N Highway 8 HEALTH & HUMAN SERVICES COMMISSION 1901 N Highway 87 Big Spring TX 79720 United States
			Page 1

Vendor: 1746000155 9
TEXAS DEPARTMENT OF LICENSING AND REGULA
PO BOX 12157
AUSTIN TX 787112157
United States

Bill To: Invoice - DADS
HEALTH & HUMAN SERVICES COMMISSION
2501 Maple St
PO Box 451
Abilene TX 79602
United States

Fax: 325/795-3807
Email: 710Accounting@hhs.state.tx.us

Purchaser: Mullan,Susan

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY23 funding

EX/0 TGC Ch. 791

Requisition 190249 Pricing per Quote TDLR fees dated 6/15/22

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: Texas Department of Licensing and Regulation
Vendor phone: 512-463-6599 or 800-803-9202
Vendor email: cs.elvators.escalators@tdlr.texas.gov

Agency contact

Program SME Name: Joshua Rainey
Lead Contact Email: Joshua.rainey@hhs.texas.gov
Lead Contact Phone: 432-268-7428
Facility: Big Spring State Hospital

Contract Manager Name: Donna Lee, CTCM
Contract Manager Email: donna.lee@hhs.texas.gov
Contract Manager Phone: 432-268-7975

PCS contact

Susan Mullan
512-406-2575
susan.mullan@hhs.texas.gov

1-1	FY23 (Services) Blanket Purchase Order	910-13	1.00	LOT	150.00000	\$150.00	09/01/2022
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All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 2
			Ship To: 2203 - Big Spring; 1901 N Highway 8 HEALTH & HUMAN SERVICES COMMISSION 1901 N Highway 87 Big Spring TX 79720 United States

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for annual elevator inspection report and fees for the Big Spring State Hospital. Annual Inspection Report and Fees for ELBI#6380, ELBI#13474 and ELBI#13745.

Schedule Total		\$150.00
Item Total for Line 1		\$150.00
Total PO Amount		\$150.00

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.

<p style="text-align: center;">Authorized By</p> <p style="text-align: center;"><i>Susan Mullan, CTED, CTCA</i></p>	<p>06/15/2022</p>
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