

# 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-3-0000292092</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> 09/01/22
<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> 6563 - Abilene:2501 Maple St HEALTH & HUMAN SERVICES COMMISSION 2501 Maple St 2501 Maple St Abilene TX 79602 United States

**Vendor:** 1452237166 6  
ALLIED PLASTIC SUPPLY LLC  
PO BOX 671074  
DALLAS TX 752671074  
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@hhsc.state.tx.us

**Purchaser:** Wherry, Valerie F 940/720-8479

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

PLEASE REPLY TO CONFIRM RECEIPT OF THIS PURCHASE ORDER TO FAX NUMBER (940)720-8446 OR TO valerie.wherry@hhs.texas.gov

BLANKET PURCHASE ORDER

TERM: September 1, 2022 through August 31, 2023

SHIPPING INSTRUCTIONS: DO NOT SHIP until notified by Agency Contact.

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

DELIVERY: 7-14 Days After Receipt of PO

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

AGENCY CONTACT:  
Amy Gleaton  
(325)795-3611  
amy.gleaton@jhhs.texas.gov

HHSC BUYER:  
Valerie Wherry, CTCD  
(940)720-8479  
valerie.wherry@hhs.texas.gov

VENDOR:  
Daniel Arden  
(214)350-3990  
darden@alliedplastic.org

Informal IFB #Req-3-0000194893

PURCHASING METHOD: OM/F  
Purchase Not to Exceed \$25,000

REQUIREMENTS/LIMITATIONS:  
Quantities may be increased or decreased upon need during the term of the PO.  
The quantities shown are estimates only and do not constitute a guarantee of purchase. Any quantities not ordered and received by August 31, 2023, will be considered cancelled.

Goods and/or services are to be delivered and invoiced after September 1, 2022.

# 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-3-0000292092</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> 09/01/22
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> 
			<b>Page</b> 2
			<b>Ship To:</b> 6563 - Abilene:2501 Maple St HEALTH & HUMAN SERVICES COMMISSION 2501 Maple St 2501 Maple St Abilene TX 79602 United States

**Vendor:** 1452237166 6  
ALLIED PLASTIC SUPPLY LLC  
PO BOX 671074  
DALLAS TX 752671074  
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@hhsc.state.tx.us

**Purchaser:** Wherry, Valerie F 940/720-8479

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

This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature. FY23 funding.

Invoice per 34 TAC \$20.487, amended effective May 1, 2022

Requisition #0000194893

Note: Agency will not order products on this PO that are available from Workquest or Texas Correctional Industries. Agency will not order capital or controlled assets on this PO.

FY23 Quoted Pricing - Additional products of the same general category may be ordered from this PO.

ABS-HC1S 250x26x39, 1 Sheet @ \$27.88 - (min order of 75 sheets)

1-1	FY23-BLACK ABS-HC1S, 250X26X39, (75 SHEET MIN ORDER) PLASTIC FOR WHEELCHAIRS, MOUNTS, LAPTRAYS,ETC. FOR CG9-ABSSLC.	665-84	1.00	LOT	15000.00000	\$15,000.00	09/01/2022
-----	---	--------	------	-----	-------------	-------------	------------

**Schedule Total**                     \$15,000.00

**Item Total for Line 1**                     \$15,000.00

**Total PO Amount** \$15,000.00

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.

# 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-3-0000292092</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> 09/01/22
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b>  <b>Page</b> 3
		<b>Ship To:</b>	6563 - Abilene:2501 Maple St HEALTH & HUMAN SERVICES COMMISSION 2501 Maple St 2501 Maple St Abilene TX 79602 United States

**Vendor:** 1452237166 6  
ALLIED PLASTIC SUPPLY LLC  
PO BOX 671074  
DALLAS TX 752671074  
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@hhsc.state.tx.us

**Purchaser:** Wherry, Valerie F 940/720-8479

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

**Authorized By**

*Valerie Wherry, CTCD*

**06/23/2022**