Health and Human Services Commission

Purchase Order

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Payment Tern		t Terms	Ship Via	Durcharacter		Charles working to	atch via Print 000292274
Net 30 f advertised by		& Allow	BEST WAY	Purchase Order Date	Revision	11317-3-0	Page
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. All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			09/01/22	Revision		1	
			Ship To:	6656 - Lubbock:3401 N University A HEALTH & HUMAN SERVICES COMMISSIO 3401 N University Ave 3401 N University Ave Lubbock TX 79415 United States			
Vendor:	1390380010 3 JOHNSON CONTROLS INC PO BOX 93107 CHICAGO IL 606733107 United States		Bill To:	Invoice - DADS HEALTH & HUMAN SERVICES COMMISSION 2501 Maple St PO Box 451 Abilene TX 79602 United States		OMMISSION	
				Fax: Email:	325/795-3807 710Accounting@hh	usc.state.tx.us	
Line-Sch I		D - Line Description	Class/Item Ouantity	Purchaser: UOM	Mcfadden,Danny PO Price	5 Extended Amt	012/406-2671 Due Date
Purchase mad	G METHOD: EX de under the Au NTS/LIMITATIC	thority of Texas Gover	nment Code 2155.1441 fo	or Health Care Purchasi	ng including group	purchasing prog	rams.
			of lawful appropriations l	by the Texas Legislature	e. FY23 funding.		
nvoice per 34	4 TAC §20.487,	amended effective Ma	y 1, 2022				
Requisition 19	96187						
Ferm: 09/01/2	2022 thru 08/31	/2023					
Vendor Name Vendor Addre Vendor City 2 Vendor Conta Vendor Conta Vendor Conta Vendor TIN#:	ess: PO Zip: Chicag act: Britta act Phone: 8 act Email: Britta	nson Controls Box 93107 go IL 60673-3107 any Berlanga 66-656-9681 any.berlanga@jci.com 03800103					
Contract Man Contract man Contract man	ager phone: 8	etty Moore 06-741-3614 etty.moore@hhs.texas	s.gov				
	Contact: Contact phone: Contact email:	Rodney Nixon 806-741-3656 rodney.nixon@hhs	.texas.gov				

Lead Contact: Betty Moore Lead Email: betty.moore@hhs.texas.gov Lead Phone: 806-741-3614

 PCS Purchaser:
 Danny McFadden

 PCS Purchaser phone:
 512-406-2671

 PCS Purchaser email:
 danny.mcfadden@hhs.texas.gov

Health and Human Services Commission

Purchase Order

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Payment Te Net 30	erms Freight Terms Prepaid & Allow	Ship Via BEST W		Purchase Order		HHSTX-3-00	00029227
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			Ship To: Bill To:	6656 - Lubbock:3401 N University A HEALTH & HUMAN SERVICES COMMISSION 3401 N University Ave 3401 N University Ave Lubbock TX 79415 United States Invoice - DADS HEALTH & HUMAN SERVICES COMMISSION 2501 Maple St PO Box 451 Abilene TX 79602 United States			
				Fax: Email:	325/795-3807 710Accounting@	Dhhsc.state.tx.us	
				Purchaser:	Mcfadden,Dani		2/406-2671
ine-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
Medical) 3 mail Invoi MAIL TO IN UILDING: ONTACT: HONE #: mail:	79604 ayable Contact 325-795-3933 25-795-3237 ces to: 710Accounting@hhsc.state.tx.us 		campus.	Term is 09/01/2022-0	18/31/2023		
SCOR Divis SCOR Othe NPI Class:	RVICES / FY23 Johnson Controls -HV. sion: 19 HHSC - State Operated Facilitie er Subject: CH6-LbSSLC : Johnson Co 910-36 UOM: LOT 910-36 UOM: LOT	es	ST / \$2033	4			
COR Divis COR Othe IPI Class: IPI Class:	sion: 19 HHSC - State Operated Facilitie er Subject: CH6-LbSSLC : Johnson Co 910-36 UOM: LOT	es			6334.00000	\$16,334.00	09/01/2022
SCOR Divis SCOR Othe NPI Class: NPI Class:	sion: 19 HHSC - State Operated Facilitie er Subject: CH6-LbSSLC : Johnson Co 910-36 UOM: LOT 910-36 UOM: LOT	es ontrols - HVAC		LOT 1	6334.00000 edule Total	. ,	09/01/2022
SCOR Divis SCOR Othe NPI Class:	sion: 19 HHSC - State Operated Facilitie er Subject: CH6-LbSSLC : Johnson Co 910-36 UOM: LOT 910-36 UOM: LOT	es ontrols - HVAC		LOT 1 Sch		\$16,334.00	09/01/2022

Health and Human Services Commission

Purchase Order

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Payment Term Net 30	s Freight Terms Prepaid & Allow	Ship V i BEST V		Purchase Order	der HHSTX-3-000029			
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				Fax: Email:	325/795-3807 710Accounting@hhsc.state.tx.us			
				Purchaser:	Mcfadden,Danny	/ 51	2/406-2671	
Line-Sch Ir	ventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date	
				Sche	dule Total	\$4,000.00		
				Item Total for Line 2 \$4,000.00				
				Total P	O Amount	\$20,334.00		

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

any crcn, ercm

<u>06/24/2022</u>