# **Health and Human Services Commission**

### **Purchase Order**

**Dispatch via Print Payment Terms** Freight Terms Ship Via HHSTX-3-0000293837 Net 30 Prepaid & Allow BEST WAY **Purchase Order** If advertised by informal bid, Invitation for Offer, or Request for Proposal; all Page Date Revision specifications, terms, and conditions set forth in the advertisement and vendor's 09/01/22 1 conforming responses become a part of this numbered purchase order. Contractor Ship To: 6563 - Abilene:2501 Maple St guarantees goods or services delivered meet or exceed numbered purchase order HEALTH & HUMAN SERVICES COMMISSION requirements. 2501 Maple St All shipments, shipping papers, invoices, and correspondence must be identified 2501 Maple St with our Purchase Order Number. Abilene TX 79602 United States 1820630858 9 Bill To: Invoice - DADS Vendor WEST TEXAS BIOMEDICAL LLC HEALTH & HUMAN SERVICES COMMISSION 2634 HEMLOCK DR 2501 Maple St PO Box 451 USA SAN ANGELO TX 76904-6202 Abilene TX 79602 United States United States Fax: 325/795-3807 Email: 710Accounting@hhsc.state.tx.us **Purchaser:** Mcfadden, Danny 512/406-2671 Line-Sch **Inventory Item ID - Line Description** Class/Item Quantity UOM **PO Price** Extended Amt Due Date SOW attached FY23 funding OM/Q Phone/email bid - Texas Government Code 2156.063 Requisition 190770 - Solicitation 190770 PO Service Dates 9/1/22 to 8/31/23 Not to Exceed \$25,000 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. Pricing confirmed at \$100 per hr for labor and travel with a mileage charge of \$.60 per mile Vendor Name: WEST TEXAS BIOMEDICAL, LLC Vendor Contact Person: LARRY WEBER Vendor PH: 325-245-8460 Vendor Email: westtexasbiomedical@gmail.com Tax ID # 18206308589 Lead Contact (Program SME) Name: BECKY MELTON Email: rebecca.williams2@hhs.texas.gov Phone: 325-795-3292 Contract Specialist: Heather Barlow, CTCM Email: heather.barlow@hhs.texas.gov Phone: 325-795-3444 PCS Purchasing Contact: Danny McFadden Phone: 512-406-2671 Email: danny.mcfadden@hhs.texas.gov SCOR Division: 19 State Operated Facility ADOA Jeff Goza 325-795-3505 Jeff.goza@hhs.texas.gov

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Total PO Amount \$20,000.00

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Payment Te Net 30	erms Freight Terms Prepaid & Allow	<b>Ship Via</b> BEST WAY	Purchase Order	H	HSTX-3-0000293837
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			Ship To:		
Vendor:	1820630858 9 WEST TEXAS BIOMEDICAL LLC 2634 HEMLOCK DR USA SAN ANGELO TX 76904-6202 <b>United States</b>		Bill To:	Invoice - DADS HEALTH & HUMAN SERVICES COMMISSION 2501 Maple St PO Box 451 Abilene TX 79602 United States	
			Fax: Email:	325/795-3807 710Accounting@hh	sc.state.tx.us
			Purchaser:	Mcfadden,Danny	512/406-2671
Line-Sch	<b>Inventory Item ID - Line Description</b>	Class/Item Quantity	UOM	PO Price	Extended Amt Due Date

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

07/08/2022

#### **Dispatch via Print**