### **Health and Human Services Commission**

### **Purchase Order**

**Dispatch via Print** 

Payment Term Net 30	ns Freight Terms Prepaid & Allow	<b>Ship Via</b> BEST WAY	Purchase Order	ŀ	HHSTX-3-0000294508
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.			<b>Date</b> 09/01/22	Revision	<b>Page</b> 1
			Ship To: 6433 - Carlsbad:11640 US H HEALTH & HUMAN SERV 11640 US Hwy 87 N 11640 N US Hwy 87 Carlsbad TX 76934 United States		AN SERVICES COMMISSION N 87
Vendor:	1752834737 4 A-TEX RESTAURANT SUPPLY INC 2008 S BRYANT BLVD	C	Bill To:	Invoice - DADS HEALTH & HUM 2501 Maple St	AN SERVICES COMMISSION

325/795-3807 **Email:** 710Accounting@hhsc.state.tx.us

PO Box 451 Abilene TX 79602

United States

Purchaser: Mcfadden, Danny 512/406-2671 UOM Line-Sch **Inventory Item ID - Line Description** Class/Item Quantity PO Price Extended Amt **Due Date** 

Fax:

FY23 funding OM/Q Phone/email bid - Texas Government Code 2156.063 Requisition 191154 - Solicitation 191154 PO Service Dates 9/1/22 to 8/31/23, Not to Exceed \$25,000

SAN ANGELO TX 769038712

**United States** 

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 Name: A-Tex Restaurant Supply Inc Vendor Address: 2008 South Bryant Blvd Vendor City Zip: San Angelo, TX 76903-8712

Vendor Contact: Harold Davidson Vendor Contact Phone: 325-224-8888

Vendor Contact Email: harold@atexrestaurantsupply.com

Vendor TIN#: 1752834737

Contract Manager: Ida Montez 325-465-2203 Contract manager phone:

Contract manager email: ida.montez@hhs.texas.gov

SME Agency Contact: Perry Havard SME Agency Contact phone: 325-465-2300

SME Agency Contact email: perry.havard@hhs.texas.gov

PCS Purchaser: Danny McFadden PCS Purchaser phone: 512-406-2671

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

PCS Email PO to: perry.havard@hhs.texas.gov / Lead Contact

ida.montez@hhs.texas.gov / Contract Specialist

angela.kissko@hhs.texas.gov / ADOA

VENDORS SEND INVOICES VIA EMAIL TO: 710Accounting@hhsc.state.tx.us **BILL TO INFORMATION** 

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** 1 177	70004707 4		J	United States		

Vendor: 1752834737 4

A-TEX RESTAURANT SUPPLY INC

2008 S BRYANT BLVD SAN ANGELO TX 769038712

**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: Mcfadden, Danny 512/406-2671 Line-Sch Inventory Item ID - Line Description Class/Item Quantity **UOM** PO Price Extended Amt Due Date

Bill to: 4507

Abilene State Supported Living Center

Attn: Accounts Payable PO Box 451 Abilene, TX 79604

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

SHIP TO INFORMATION: 6433 BUILDING: Warehouse CONTACT: Danny Melvin 325-465-2266 PHONE #: CELL #: 325-262-0043

danny.melvin@hhs.texas.gov Email:

F2700 / Services / FY23 A-Tex Restaurant / TPO Reguest / \$19,140.00

SCOR Division: 19 HHSC - State Operated Facilities SCOR Other Subject: DA1-SGSSLC: Dish Machine Lease

NPI Class: 977-25, UOM: LOT / ACCT: 740600 Term: 09/01/2022 thru 08/31/2023

977-25 19140.00000 1-1 1.00 LOT \$19,140.00 09/01/2022

FY23 Service: Lease of Dish Machine for Food Service Term 9/1/22-8/31/23

DA-SGSSLC

**Schedule Total** \$19,140.00

Item Total for Line 1 \$19,140.00

Total PO Amount \$19,140.00

# **Health and Human Services Commission**

#### **Purchase Order**

**Dispatch via Print** 

Payment Te		Ship V	ia			IIIOTV o oo	00004500
Net 30	Prepaid & Allow	BEST	WAY	Purchase Order	<u> </u>	<u> HHSTX-3-00</u>	00294508
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			Ship To:	6433 - Carlsbad:11640 US Hwy 87 N HEALTH & HUMAN SERVICES COMMISSION 11640 US Hwy 87 N 11640 N US Hwy 87 Carlsbad TX 76934 United States		MMISSION	
Vendor:	1752834737 4 A-TEX RESTAURANT SUPPLY INC 2008 S BRYANT BLVD SAN ANGELO TX 769038712 United States			Bill To:	Invoice - DADS HEALTH & HUMAN SERVICES COMMISSIC 2501 Maple St PO Box 451 Abilene TX 79602 United States		MMISSION
				Fax: Email:	325/795-3807 710Accounting@hh	hsc.state.tx.us	
				Purchaser:	Mcfadden,Danny		2/406-2671
Line-Sch	Inventory Item ID - Line Description	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** 

Dangue fallon CICD, et cm

07/14/2022