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-3-0000294739	
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.			Date 09/01/22	Revision Pag		
			Ship To: 5605 - Wichita Falls:6515 Kemp Blv DEPARTMENT OF STATE HEALTH 6515 Kemp Blvd PO Box 300 Wichita Falls TX 76308 United States		F STATE HÊALTH SERVICES	
	581853319 0 HOME DEPOT USA INC		Bill To:	Terrell SH Whse	AN SERVICES COMMISSION	

HOME DEPOT USA INC PO BOX 9001043 DEPT 32-2540185182 LOUISVILLE KY 402901043

United States

HEALTH & HUMAN SERVICES COMMISSION

1200 E Brin PO Box 70 Terrell TX 75160 United States

Email: DSHS.TSHBusinessOffice@dshs.texas.gov

				Purchaser:	Farris,Lilly K	512/406-2452
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt Due Date

BLANKET PURCHASE ORDER

REQUISITION #: HHSTX-3-0000193337

TERM: September 01, 2022 through August 31, 2023

SHIPPING INSTRUCTIONS: DO NOT SHIP until notified by Agency Contact

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

DELIVERY: 3-5 days After Receipt of request from Agency Contact

AGENCY CONTACT: Name: Allyson Cruz

Facility: North Texas State Hospital, Wichita Falls Campus

Phone: 940-689-5351

Email: allyson.cruz@hhs.texas.gov

HHSC BUYER/PURCASER: Name: Lilly Farris CTCD Phone: 512-406-2452

Email: lilly.farris@hhs.texas.gov

VENDOR:

Name: Home Depot Inc Contact: Darren Friesenhahn Phone: 210-389-4862

Email: darren_friesenhahn@homedepot.com

HOME DEPOT Account #:

OMNIA GPO and HHS Contract # HHS000840200001

OMNIA GPO and Home Depot Inc Contract # 16154

PURCHASING METHOD: EX-0

Purchase made under the Authority of Texas Government Code 2155.1441 for Health Care Purchasing including group purchasing programs.

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,

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		Ship To:	5605 - Wichita Falls:6515 Kemp Blv DEPARTMENT OF STATE HEALTH SERVICES 6515 Kemp Blvd PO Box 300 Wichita Falls TX 76308 United States		
F I I I	1581853319 0 HOME DEPOT USA INC PO BOX 9001043 DEPT 32-2540185182 LOUISVILLE KY 402901043 United States		Bill To:	Terrell SH Whse HEALTH & HUMAN SERVICES COMMISSION 1200 E Brin PO Box 70 Terrell TX 75160 United States	
			Email:	DSHS.TSHBusinessOf	ffice@dshs.texas.gov
			Purchaser:	Farris,Lilly K	512/406-2452

will be considered cancelled.

Line-Sch

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

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

Class/Item

Invoice per 34 TAC §20.487, amended effective May 1, 2022

Inventory Item ID - Line Description

AP Email Address: Allyson.cruz@hhs.texas.gov

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.

Quantity

UOM

1-1 450-41 1.00 LOT 30000.00000 \$30,000.00 09/01/2022

FY23,Blanket Order on maintenance Supplies for North Texas State Hospital-Wichita Falls Campus rom 09-01-22 to

08-31-23

Schedule Total \$30,000.00

Item Total for Line 1 \$30,000.00

PO Price

Total PO Amount \$30,000.00

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

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Vendor:	Vendor: 1581853319 0 HOME DEPOT USA INC PO BOX 9001043 DEPT 32-2540185182 LOUISVILLE KY 402901043 United States		Bill To:	Bill To: Terrell SH Whse HEALTH & HUMAN SERVICES COMMISSION 1200 E Brin PO Box 70 Terrell TX 75160 United States Email: DSHS.TSHBusinessOffice@dshs.texas.gov	
			Email:		
			Purchaser:	Farris,Lilly K	512/406-2452

Quantity UOM

Class/Item

Line-Sch

Inventory Item ID - Line Description

Authorized By

Lilly Lania, CTCD

PO Price

07/17/2022

Extended Amt Due Date