Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Te	rms Freight Terms	Ship Via			
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHS	TX-3-0000296095
specification	by informal bid, Invitation for Offer, or R s, terms, and conditions set forth in the ad	vertisement and vendor's	Date 09/01/22	Revision	Page 1
	responses become a part of this numbered cods or services delivered meet or exceed		Ship To:	HEALTH & HUMAN SEI	•
•	All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 1/22 1 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	
Vendor:	1060732334 1 HILTI INC DEPT 0890 PO BOX 120001 DALLAS TX 753120001 United States		Bill To:	HEALTH & HUMAN SEI 2501 Maple St PO Box 451 Abilene TX 79602	RVICES COMMISSION

Fax: 325/795-3807

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

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

FY23

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: 5-7days After Receipt of PO

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

Agency Contact:

Contract Manager: Ida Montez

Contract manager phone: 325-465-2203

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

BUILDING: Warehouse CONTACT: Danny Melvin PHONE #: 325-465-2266 CELL #:

Email: danny.melvin@hhs.texas.gov

HHSC BUYER:

Leslie Alexander, CTCD

(512) 406-2424

Email: Leslie.Alexander@hhs.texas.gov

Vendor Information: Vendor Name: Hilti Inc. Contact: Customer Service Phone #: 800-879-8000 x3112 Email: newacct@hilti.com

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Extended Amt Due Date

Payment Tell Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHS	TX-3-0000296095	
If advertised specifications	by informal bid, Invitation for Offer, or Is, terms, and conditions set forth in the ac	lvertisement and vendor's	Date 09/01/22	Revision Pa		
guarantees go requirements All shipmen	esponses become a part of this numbered pods or services delivered meet or exceed ts, shipping papers, invoices, and corre rchase Order Number.	numbered purchase order	Ship To:	6433 - Carlsbad:11640 US HEALTH & HUMAN SEI 11640 US Hwy 87 N 11640 N US Hwy 87 Carlsbad TX 76934 United States		
Vendor:	1060732334 1 HILTI INC DEPT 0890 PO BOX 120001 DALLAS TX 753120001 United States		Bill To:	Invoice - DADS HEALTH & HUMAN SEI 2501 Maple St PO Box 451 Abilene TX 79602 United States	RVICES COMMISSION	
			Fax: Email:	325/795-3807 710Accounting@hhsc.state	e.tx.us	
			Purchaser:	Alexander,Leslie L	512/406-2424	

PURCHASING METHOD: SP/E

Line-Sch

Purchase not to exceed \$10,000.00. Rule 34 Texas Administrative Code § 20.41 - Delegated Purchases

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

Inventory Item ID - Line Description

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.

Quantity UOM

PO Price

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

Class/Item

*** Not to Exceed \$10,000.00*** without prior authorization from Health and Human Services Commission. Requisition #: 0000193408

1-1	Blanket for Tools (Hand and Power) - Maintenance	445-39	1.00	LOT	9000.00000	\$9,000.00	09/01/2022
					Schedule Total	\$9,000.00	
					Item Total for Line 1	\$9,000.00	
2-1	Blanket for Tool Inserts/Attachments i.e: Bits, Blades, Cutting Discs - Maintenance	445-39	1.00	LOT	1000.00000	\$1,000.00	09/01/2022
					Schedule Total	\$1,000.00	
					Item Total for Line 2	\$1,000.00	
					Total PO Amount	\$10,000.00	

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Purchase Order

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Payment T Net 30	Yerms Freight Terms Prepaid & Allow	Ship V BEST		Purchase Order	Н	HSTX-3-00	00296095
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			Date 09/01/22	Revision		Page 3	
guarantees grequirement	gresponses become a part of this numbered goods or services delivered meet or exceed ts. nts, shipping papers, invoices, and corres urchase Order Number.	numbered purchas	e order	Ship To:	6433 - Carlsbad:114 HEALTH & HUMA 11640 US Hwy 87 N 11640 N US Hwy 8' Carlsbad TX 76934 United States	AN SERVIČES CO! N 7	MMISSION
Vendor:	1060732334 1 HILTI INC DEPT 0890 PO BOX 120001 DALLAS TX 753120001 United States			Bill To:	Invoice - DADS HEALTH & HUMAN SERVICES COM 2501 Maple St PO Box 451 Abilene TX 79602 United States		MMISSION
				Fax: Email:	325/795-3807 710Accounting@hh	sc.state.tx.us	
				Purchaser:	Alexander,Leslie L	_ 512	2/406-2424
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

Lastin Hant S, CTP

07/28/2022