Health and Human Services Commission

Purchase Order

specifications, to conforming resp guarantees good requirements. All shipments, with our Purch Vendor:	s Freight Terms No Shipment Involved informal bid, Invitation for Offer, or Re erms, and conditions set forth in the adv sonses become a part of this numbered p is or services delivered meet or exceed r shipping papers, invoices, and corresp ase Order Number. 1351538921 4 HILL-ROM COMPANY INC PO BOX 643592 PITTSBURGH PA 152643592 United States	ertisement and vendor's purchase order. Contractor numbered purchase order	Bill To:	HI Revision 5950 - El Paso:6700 I HEALTH & HUMAN 6700 Delta Dr El Paso TX 79905 United States Invoice-DSHS Accoun DEPARTMENT OF S 1200 E Brin PO Box 70 Terrell TX 75160 United States	HSTX-3-00 Delta Dr V SERVICES CO	
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Line-Sch Iı			Fax: Email:	972/551-8052 DSHS.TSHBusinessO	Office@dshs.texa	is.gov
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	ventory Item ID - Line Description	Class/Item Quantit			Extended Amt	Due Date
whole or part v purchase orde	order is contingent upon the continu vithout penalty. HHS or the agency or r. The agency shall be obligated to p e automatically canceled.	does not commit to orderin	g specific quantities of	goods/services or dolla	ar amounts with	n respect to this
Vendor contac 1351538921 Hill-Rom Comp Shannon Cyph 480-433-9051	t bany					
Agency contac Estela Dorado 915-782-6309						
512-406-2579	CTCD, CTCM @HHS.Texas.Gov					
	Y23 - Services, ENVELLA Specialty ed Rental; ITEM number P0819A for H5 EPSSLC	979-39 1.0) LOT 4	5070.20000	\$45,070.20	09/01/2022
			Sch	edule Total	\$45,070.20	

Total PO Amount \$45,070.20

Health and Human Services Commission

Purchase Order

						Dispa	tch via Print
Payment Terms Net 30	s Freight Terms No Shipment Involved	Ship V NO SH		Purchase Order		HHSTX-3-00	00296204
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		Page
				Ship To:5950 - El Paso:6700 Delta Dr HEALTH & HUMAN SERVICES C 6700 Delta Dr 6700 Delta Dr El Paso TX 79905 United States			COMMISSION
	1351538921 4 HILL-ROM COMPANY INC PO BOX 643592 PITTSBURGH PA 152643592 United States			Bill To:	Invoice-DSHS Accounts Payable DEPARTMENT OF STATE HEALTH SI 1200 E Brin PO Box 70 Terrell TX 75160 United States		1 SERVICES
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Line-Sch In	ventory Item ID - Line Description	Class/Item	Ouantity	Purchaser: UOM	Mckelvy,Michae	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	
Warmer CTCD, CTCM	07/27/2022