## **Health and Human Services Commission**

## **Purchase Order**

**Dispatch via Print** 

Payment Terms Net 30	Freight Terms N/A, Service, Pick up, etc.	<b>Ship Via</b> NONE	Purchase Order	HHSTX-3-000029676		
specifications, terms	ormal bid, Invitation for Offer, or Request, and conditions set forth in the advertise.	isement and vendor's	<b>Date</b> 09/01/22	Revision Pag		
conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.			Ship To:	9212 - Sweetwater: 1300 Hailey St DEPT FAMILY AND PROTECTIVE SERVICES 1300 Hailey St		
All shipments, ship with our Purchase	ping papers, invoices, and correspon Order Number.	ndence must be identified		Sweetwater TX 79556 United States		
<b>X</b> 7 <b>1</b>	(0292200 4		D'II T	Lucaina HHISC Danian 2/0 Camuna		

Vendor: 1260382290 4

HIP O LLC 4325 FM 1856

SWEETWATER TX 795568517

**United States** 

Bill To: Invoice-HHSC Region 2/9, Commu

**HEALTH & HUMAN SERVICES COMMISSION** 

4601 S 1st St PO Box 521 Abilene TX 79605 United States

Email: Reg02\_Admin\_Services@hhs.texas.gov

Purchaser: Manning, Charles

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Line-S	ch Inventor	y Item ID - Line Descri	ption Class/Item	Quantity	UOM	PO Price	Extended Amt	<b>Due Date</b>

Reg2/9

FY23 Funding PO

PO Expires 8/31/23

Lease number 9212

TGC CHAPTER 2167. LEASE OF SPACE FOR STATE AGENCIES

HHSC/PCS CONTACT: Charles Manning

PHONE: 512-776-6840

EMAIL: charles.manning@hhs.texas.gov

 $Contract\ Manager:\ Beverly\ Livingston,\ beverly. livingston@hhs.texas.gov,\ 325-795-5612$ 

 $Superuser/Requester: Mary\ Ocon,\ mary.ocon@hhs.texas.gov,\ 325-795-5619$ 

PM/PCC: EX/0

Requisition: 0000192061

1-1 971-45 1.00 LOT 64676.12000 \$64,676.12 09/01/2022

FY23 LEASE RENEWAL - LEASE #303-7-11284 - SWEETWATER, 1300

**HAILEY** 

 Schedule Total
 \$64,676.12

 Item Total for Line 1
 \$64,676.12

**Total PO Amount** \$64,676.12

## **Health and Human Services Commission**

## **Purchase Order**

**Dispatch via Print** 

Payment Te Net 30	rms Freight Terms N/A, Service, Pick up, etc.	<b>Ship Via</b> NONE	Purchase Order	HHSTX-3-0000296764
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 Page 2
			Ship To:	9212 - Sweetwater:1300 Hailey St DEPT FAMILY AND PROTECTIVE SERVICES 1300 Hailey St Sweetwater TX 79556 United States
Vendor:	1260382290 4 HIP O LLC 4325 FM 1856 SWEETWATER TX 795568517 United States		Bill To:	Invoice-HHSC Region 2/9, Commu HEALTH & HUMAN SERVICES COMMISSION 4601 S 1st St PO Box 521 Abilene TX 79605 United States
			Email:	Reg02_Admin_Services@hhs.texas.gov
			Purchaser:	Manning,Charles

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.

Quantity

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

**UOM** 

Performance under this purchase order is acceptance of the attached affirmations and terms and conditions.

Class/Item

Line-Sch

**Inventory Item ID - Line Description** 

Authorized By

Parles Majica-etem-ctem

PO Price

08/02/2022

**Extended Amt** 

**Due Date**