

# Health and Human Services Commission

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> Prepaid & Allow	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>HHSTX-3-0000296953</b>
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.			<b>Date</b> 09/01/22
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> 
			<b>Page</b> 1
		<b>Ship To:</b>	5009 - Vernon:4730 College Dr HEALTH & HUMAN SERVICES COMMISSION 4730 College Dr PO Box 2231 Vernon TX 76385 United States

**Vendor:** 1752429644 3  
NORTH CENTRAL TEXAS COMMUNITY HEALTH CAR  
DBA COMMUNITY HEALTHCARE CENTER  
PO BOX 720  
WICHITA FALLS TX 763070720  
United States

**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

**Purchaser:** Frank,Krystal 512/406-2632

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY23 funding  
EX/0 Legal Cite 2155.144 Client Purchase  
PO must not exceed \$10,000.00  
Requisition 190768  
Pricing per fee schedule

PO Service Dates 09-01-2022 to 08-31-2023

Services to be performed: As needed dental services

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 contact  
Amanda Kirkland  
940-397-2609  
akirkland@chcwf.com

Agency contact  
Ann Valone  
940-689-5043  
Jo.valone@hhs.texas.gov  
Facility NTSH

PCS contact  
Krystal Frank  
512-406-2632  
Krystal.frank@hhs.texas.gov

1-1	FY23, Services, CF9, North Central Texas Community Health Care, Spot Purchase	948-28	1.00	LOT	10000.00000	\$10,000.00	09/01/2022
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**Schedule Total**                     \$10,000.00

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**Item Total for Line 1**                     \$10,000.00

**Total PO Amount** \$10,000.00

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.

<b>Authorized By</b> 	<b>08/03/2022</b>
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