Health and Human Services Commission

Purchase Order

Chin Via

Dispatch via Print

Net 30	Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-3-	0000297257
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			Date 09/01/22	Revision	Page 1
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.		Ship 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:	1463195707 4 OPTICAL SERVICES LLC 5305 SOUTHFORT SW ALBUQUERQUE NM 871057547 United States		Bill To:	Invoice - DADS HEALTH & HUMAN SERVICES 2501 Maple St PO Box 451 Abilene TX 79602 United States	COMMISSION
			Fax: Email:	325/795-3807 710Accounting@hhsc.state.tx.us	

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

FY23 funding SP/E - BLANKET Requisition 0000196114 - Pricing per FY23 Rate Agreement Email PO Service Dates 09/01/2022 to 08/31/2023

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 Christie Candelaria (800) 826-8263

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

BILL TO INFORMATION

Bill to: 4507

Abilene State Supported Living Center

Attn: Accounts Payable PO Box 451 Abilene, TX 79604 Email: 710Accounting@hhsc.state.tx.us

Agency contact Ida Montez (325) 465-2203 ida.montez@hhs.texas.gov

PCS contact Diego Ybarra, CTCD (512) 406-2480 Diego.Ybarra01@hhs.texas.gov

1-1 938-74 1.00 LOT 2000.00000 \$2,000.00 09/01/2022

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Payment To Net 30	erms Freight Terms Prepaid & Allow	Ship V BEST		Purchase Order		HHSTX-3-00	100297257
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				Fax: Email:	325/795-38 710Accoun	07 ting@hhsc.state.tx.us	
				Purchaser:	Ybarra,Die	ego	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
	equipment service & parts & labor. DA1-SGSSLC						
				Sch	Schedule Total \$2,000.00		
				Item Total	for Line 1	\$2,000.00	

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.

Authorized By

Total PO Amount

08/05/2022

\$2,000.00