Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Ter Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HF	HSTX-3-0000297354		
If advertised specifications	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.			Revision	Page 1		
guarantees go requirements All shipment				Ship To: 4547 - Wichita Falls:6515 Kemp Blv HEALTH & HUMAN SERVICES COMMISSION 6515 Kemp Blvd PO Box 300 Wichita Falls TX 76308 United States			
Vendor:	1421562051 0 ADVANTAGE SUPPLY PO BOX 100695 FORT WORTH TX 76185-0695		Bill To:	Maintenance HEALTH & HUMAN 6515 Kemp Blvd PO Box 300	SERVICES COMMISSION		

Email: Allyson.Cruz@hhs.texas.gov

Wichita Falls TX 76308 United States

				Purchaser:	Manor, Darryl Dw	vayne 512	2/406-2475
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date

Please DO NOT SHIP until notified by the agency contact.

SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO.

FREIGHT: F.O.B. Destination Freight Prepaid Allowed

DELIVERY: X Days After Receipt of PO

United States

Delivery hours are from 8:00-11:30 AM and 1:00-4:30 PM Monday Friday except designated State Holidays

AGENCY CONTACT:

SME Information Billing Address; Allyson Cruz, Administrative Assistant II Phone (940) 689-5351 Email: allyson.cruz@hhs.texas.gov

Mailing address; 6515 Kemp Wichita Falls, Texas 76308

HHSC BUYER:

Darryl Manor, Purchaser CTCD

Temp Cell: Phone: (512) 406-2475 E-Mail Address: darryl.manor@hhs.texas.gov

VENDOR:

Advantage Supply Kevin Kirkpatrick Ph: 817-377-8094 x1001

 $\hbox{E-Mail: kevin.} kirk patrick @ advantage supply.us$

Informal IFB #

PURCHASING METHOD: OM/F Texas Government Code 2156.063 Not to Exceed \$25,000

REQUIREMENTS/LIMITATIONS:

This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature. FY2023 funding.

Invoice per 34 TAC §20.487, amended effective May 1, 2022

Requisition 0000186697

Health and Human Services Commission

Purchase Order

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Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSTX-3-0000297354	
If advertised b	y informal bid, Invitation for Offer, or R	equest for Proposal; all	Date	Revision Page	
	terms, and conditions set forth in the ad		09/01/22		
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				Purchase	er: Manor, Darryl Dw	vayne 51	2/406-2475
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
1-1	FY23 Blanket Order for Plumbing Supplies for North Texas State Hospital, F3E010-F2200-NTSH-WF	910-60	1.00	LOT	24900.00000	\$24,900.00	09/01/2022
					Schedule Total	\$24,900.00	
	attached parts quote and template. set PO request.			It	tem Total for Line 1	\$24,900.00	
					Total PO Amount	\$24,900.00	

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	
Dand man CTP	08/06/2022