## **Health and Human Services Commission**

## **Purchase Order**

**Dispatch via Print** 

Payment Terms Net 30	s Freight Terms Prepaid & Allow	<b>Ship Via</b> BEST WAY	Purchase Order	HHS	TX-3-0000297399
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			<b>Date</b> 09/01/22	Revision	Page 1
			Ship To:	6656 - Lubbock:3401 N University A HEALTH & HUMAN SERVICES COMMISSION 3401 N University Ave 3401 N University Ave	
with our Purch	ase Order Number.			Lubbock TX 79415 United States	
Vendor:	1814120159 2		Bill To:	Invoice - DADS	

PHILLIPS GENERATOR SERVICES LLC

1205 HIGHLAND DRIVE CEDAR PARK TX 78613

**United States** 

HEALTH & HUMAN SERVICES COMMISSION

2501 Maple St PO Box 451 Abilene TX 79602 United States

**Fax:** 325/795-3807

Email: 710Accounting@hhsc.state.tx.us

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

FY23 funding OM/Q Phone/email bid - Texas Government Code 2156.063 Requisition 197339 - Solicitation 197339 PO Service Dates 9/1/22 to 8/31/23, Not to Exceed \$25,000

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.

Attached documents include SOW and previous invoices/quotes for reference. LOCATION STIPULATION Preferred Vendor for Campus DA716 LBSSLC.

SCOR Division: 19 HHSC - State Operated Facilities

Term: 09/01/2022 thru 08/31/2023

Vendor Name: PHILLIPS GENERATOR SERVICES LLC

Vendor Address: 1205 HIGHLAND DRIVE. CEDAR PARK, TX 78613

Vendor Contact: CHRIS Vendor Contact Phone: 806-722-0153

Vendor Contact Email:

Vendor TIN#: 1814120159

Contract Manager: Betty Moore Contract manager phone: 806-741-3614

Contract manager email: betty.moore@hhs.texas.gov

SME Agency Contact: Mia Owens SME Agency Contact phone: 806-741-3556

SME Agency Contact email: mia.owens@hhs.texas.gov

Lead Contact: Betty Moore

Lead Email: betty.moore@hhs.texas.gov

Lead Phone: 806-741-3614

PCS Purchaser: Danny McFadden PCS Purchaser phone: 512-406-2671

PCS Purchaser email: danny.mcfadden@hhs.texas.gov

# **Health and Human Services Commission**

## **Purchase Order**

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Payment Te	erms Freight Terms	Ship Via		111107	/ o oooooo=	
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSIX	K-3-0000297399	
	If advertised by informal bid, Invitation for Offer, or Request for Proposal; all			Revision	Page	
	s, terms, and conditions set forth in the ad		09/01/22		2	
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Vendor:	1814120159 2 PHILLIPS GENERATOR SERVICE 1205 HIGHLAND DRIVE CEDAR PARK TX 78613 United States	S LLC	Bill To:	Invoice - DADS HEALTH & HUMAN SERV 2501 Maple St PO Box 451 Abilene TX 79602 United States	ICES COMMISSION	
			Fax:	325/795-3807		

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

**Email:** 

#### PCS Email PO to:

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

PO BILL TO INFORMATION
Bill To: 4507
Abilene State Supported Living Center
Attn: Accounts Payable
PO Box 451
Abilene, Tx 79604
Accounts Payable Contact 325-795-3933
(Medical) 325-795-3237
Email Invoices to: 710Accounting@hhsc.state.tx.us

SHIP TO: 6656 Lubbock State Supported Living Center 3401 N. University Lubbock, Texas 79408

1-1 936-39 1.00 LOT 20000.00000 \$20,000.00 09/01/2022

FY23 BLANKET ORDER: PARTS AND SERVICE TO REPAIR GENERATORS ON CAMPUS

 Schedule Total
 \$20,000.00

 Item Total for Line 1
 \$20,000.00

 Total PO Amount
 \$20,000.00

710Accounting@hhsc.state.tx.us

# **Health and Human Services Commission**

## **Purchase Order**

**Dispatch via Print** 

Payment Te		Ship V				IIICTV 2 AA	00207200
Net 30	Prepaid & Allow	BEST		Purchase Order		<u> HHSTX-3-00</u>	00297399
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			09/01/22				
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Vendor:	1814120159 2 PHILLIPS GENERATOR SERVICES LLC 1205 HIGHLAND DRIVE CEDAR PARK TX 78613 United States		Bill To:	Invoice - DADS HEALTH & HUMAN SERVICES COMM: 2501 Maple St PO Box 451 Abilene TX 79602 United States		MMISSION	
				Fax: Email:	325/795-3807 710Accounting@hhsc.state.tx.us		
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	Purchaser: UOM	Mcfadden,Danny PO Price	512 Extended Amt	2/406-2671 <b>Due Date</b>

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** 

Dangui fallors CTCD, et cm

08/08/2022