

# Health and Human Services Commission

## Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via	Purchase Order	HHSTX-3-0000297401
Net 30	Prepaid & Allow	BEST WAY	Date	Revision
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.			09/01/22	Page 1
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:** 1752211599 1  
GPC SERVICES INC  
PO BOX 3043  
SAN ANGELO TX 769023043  
United States

**Bill To:** Invoice - DADS  
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

**Purchaser:** Mcknight,Aaron

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

FY23 funding  
OM/Q  
Requisition 192571 - Solicitation 192571  
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  
Larry Tumlinson  
325-655-4545  
Gpcs2@wcc.net

Lead Contact  
Perry Havard  
325-465-2300  
Perry.havard@hhs.texas.gov  
San Angelo State Supported Living Center

Contract Manager  
Ida Montez  
325-465-2203  
Ida.montez@hhs.texas.gov

PCS Contact  
Aaron McKnight  
512-406-2641  
Aaron.mcknight03@hhs.texas.gov

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

1-1	FY23 Services: Emergency calls and repairs to generators on campus for DA1-SGSSLC	936-39	1.00	LOT	18500.00000	\$18,500.00	09/01/2022
-----	---	--------	------	-----	-------------	-------------	------------

# Health and Human Services Commission

## Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via	Purchase Order	HHSTX-3-0000297401
Net 30	Prepaid & Allow	BEST WAY	Date	Revision
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.			09/01/22	Page 2
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:** 1752211599 1  
GPC SERVICES INC  
PO BOX 3043  
SAN ANGELO TX 769023043  
United States

**Bill To:** Invoice - DADS  
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

**Purchaser:** Mcknight, Aaron

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

**Schedule Total** \$18,500.00

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

\*\*\*\*\*

SHIP TO INFORMATION: 6433

BUILDING: Warehouse

CONTACT: Danny Melvin

PHONE #: 325-465-2266

CELL #: 325-262-0043

Email: danny.melvin@hhs.texas.gov

\*\*\*\*\*

**Item Total for Line 1** \$18,500.00

2-1	FY23 Services: Generator testing on campus for DA1-SGSSLC	936-39	1.00	LOT	6500.00000	\$6,500.00	09/01/2022
-----	---	--------	------	-----	------------	------------	------------

**Schedule Total** \$6,500.00

**Item Total for Line 2** \$6,500.00

**Total PO Amount** \$25,000.00

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.

# 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-3-0000297401</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> 3
			<b>Ship To:</b> 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:** 1752211599 1  
GPC SERVICES INC  
PO BOX 3043  
SAN ANGELO TX 769023043  
United States

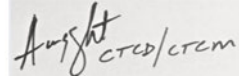
**Bill To:** Invoice - DADS  
HEALTH & HUMAN SERVICES COMMISSION  
2501 Maple St  
PO Box 451  
Abilene TX 79602  
United States

**Fax:** 325/795-3807  
**Email:** 710Accounting@hhsc.state.tx.us

**Purchaser:** Mcknight,Aaron

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

Authorized By



08/08/2022