Health and Human Services Commission

Purchase Order

					Dispatch via Print
Payment Term Net 30	s Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order		HHSTX-3-0000298010
specifications, t	informal bid, Invitation for Offer, or Re- erms, and conditions set forth in the adve conses become a part of this numbered p	ertisement and vendor's	Date 09/01/22	Revision	Page 1
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.			Ship To:	Ship To: 6563 - Abilene:2501 Maple St HEALTH & HUMAN SERVICES COMMISSIO 2501 Maple St 2501 Maple St Abilene TX 79602 United States	
Vendor:	1410760000 0 UNITED STATES POSTAL SERVICI U S POSTAL SERVICE WASHINGTON DC 200011011 United States	E	Bill To:	Invoice - DADS HEALTH & HUM 2501 Maple St PO Box 451 Abilene TX 79602 United States	1AN SERVICES COMMISSION
			Fax: Email:	325/795-3807 710Accounting@l	nhsc.state.tx.us
			Purchaser:	Lafosse,Betty J	210/337-3187
Line-Sch I	nventory Item ID - Line Description	Class/Item Quantity	UOM	PO Price	Extended Amt Due Date

FY23 funding

EX/0 Interlocal TGC 791 used this code on purchase order as the codes listed below are not available in CAPPS (TAC § 391.205 (b) (6) Intergovernmental transfer TGC § 2113.103 (c) Applies to funds appropriated for the purchase of postage) Requisition 0000193771 PO Service Dates 09/01/2022 to 08/31/2023

Postage for meter, mailing, shipping (USPS only), and permit for HHSC-Abilene State Supported Living Center.

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 or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those goods ordered and received by the agency. Any funds not utilized by 08/31/2023 are automatically canceled.

VENDOR: UNITED STATES POSTAL SERVICE VID 1410760000

AGENCY CONTACTS Lead Contact (Program SME) Name: Pamela Huffman Lead Contact Email: pamela.huffman@hhs.texas.gov Lead Contact Phone: 325-795-3226

Contract Manager Name: Heather Barlow, CTCM Contract Manager Email: Heather.Barlow@hhs.texas.gov Contract Manager Phone: 325-795-3444

HHSC Purchasing Contact: Betty La Fosse PHONE: 210 337-3187 FAX: 210 337-3496 EMAIL: betty.lafosse@hhs.texas.gov

HHSC or the agency does not commit to ordering specific quantities of service/goods or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those services ordered and received by the agency. Any funds not utilized by 8/31/23 are automatically cancelled.

NOTE TO VENDOR: PLEASE REFERENCE PURCHASE ORDER NUMBER ON ALL INVOICES

Questions or concerns regarding payment please send an email or call the Agency Contact listed above or please see information provided in the "bill to" section of the purchase order

Health and Human Services Commission

Purchase Order

3-000029801	HHSTX-3-0	ŀ	Purchase Order			Ship V BEST		ns Freight Terms Prepaid & Allo	Payment Terms Net 30
Pag		Revision	Date 09/01/22		l; all ndor's	tisement and ve	ion for Offer, or Requ set forth in the advert	y informal bid, Invitation f terms, and conditions set f	If advertised by inf specifications, term
6563 - Abilene:2501 Maple St HEALTH & HUMAN SERVICES COMMISSION 2501 Maple St 2501 Maple St Abilene TX 79602 United States			Ship To: Bill To:		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.				
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s	hhsc.state.tx.us	325/795-3807 710Accounting@hl			Fax: Email:				
210/337-3187		Lafosse,Betty J	Purchaser:		0	<u></u>			
Amt Due Date	Extended Amt	PO Price	OM		Quantity	Class/Item	EMAIL TO:	Inventory Item ID - Line ID INVOICES VIA EMA ng@hhsc.state.tx.us	PLEASE SEND I
							X-2-0000269931	o: FY22 PO HHSTX-2-	Reference Info: I
0.00 09/01/2022	\$30,000.00	000.00000	9 T 30	LO	1.00	963-57	OR POSTAGE	FY23 HHS; UNITED STA POSTAL SERVICE FOR FOR CG9-ABSSLC; TER 8/31/23	POS' FOR
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).00	\$30,000.00		ported Living Cente Item Total f	e Sup	Abilene State	rmit for HHSC-	(USPS only), and per-	ter, mailing, shipping (US	Postage for meter,
00	\$30,000.00	O Amount							

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	
Betty La Fosse CTPM	
	<u>08/11/2022</u>

Dispatch via Print