

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-3-0000298289
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.			Date 09/01/22
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 1
			Ship To: 4038 - Corpus Christi:902 Airport HEALTH & HUMAN SERVICES COMMISSION 902 Airport Rd Corpus Christi TX 78405 United States

Vendor: 7003340083 2
JAMES C BURCH
DBA JCB EQUIPMENT CO
[REDACTED]
CORPUS CHRISTI TX 784134524
United States

Bill To: Invoice - DADS
HEALTH & HUMAN SERVICES COMMISSION
4001 Highway 36 South
Brenham TX 77833
United States

Fax: 979/277-1865
Email: 712Accounting@hhs.texas.gov

Purchaser: Lyncook, Shawn Patrick 512/406-2685

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY23 funding
OM/Q - Phone bid - Texas Government Code 2156.063.
Requisition 198519
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.

PCS contact
Shawn 'Patrick' LynCook
512-406-2685
shawn.lyncook@hhs.texas.gov

PCS PLEASE CONTACT Michelle Samora or CHRISTINE CRUZ
VENDORS SEND INVOICES VIA EMAIL TO: 712accounting@hhs.texas.gov

Vendor Name: JCB EQUIPMENT
Vendor ID: 70033400832
Vendor Contact: JAMES C BURCH
[REDACTED]

Lead Contact (Program SME) Name: Michelle Samora
Lead Contact Email: michelle.samora@hhs.texas.gov
Lead Contact Phone: 361-844-7944

Contract Manager Name: CHRISTINE CRUZ
Contract Manager Email: christine.cruz@hhs.texas.gov
Contract Manager Phone: 361-888-5301 ext 7507

SCOR Division: 19 - State Operated Facilities

PCS Email PO to: michelle.samora@hhs.texas.gov
Christine.cruz@hhs.texas.gov
712accounting@hhs.texas.gov

Facility: CH3 Corpus Christi State Supported Living Center

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1-1	FY23 SERVICES REPAIR ON EQUIPMENT AND SERVICE -CH3- CCSSLC	934-46	1.00	EA	24500.00000	\$24,500.00	09/01/2022
Schedule Total						\$24,500.00	
Item Total for Line 1						\$24,500.00	
Total PO Amount						\$24,500.00	

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

[Handwritten Signature] CTED, CTEM

08/13/2022