## **Health and Human Services Commission**

## **Purchase Order**

Payment Terms Freight Terms Ship Via			Dispatch via Prin		
Net 30Prepaid & AllowBEST WAY	Purchase Order	HHSTX-3-000029850			
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	<b>Date</b> 09/01/22	Revision			
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 iden with our Purchase Order Number.	Smp 10:	6484 - Mexia:424 Mesquite Dr HEALTH & HUMAN SERVICES COMMISSION 424 Mesquite Dr PO Box 1132 Mexia TX 76667 United States			
Vendor: 1201441131 3 MCLANE EXPRESS INC DBA THE C. D. HARTNETT COMPANY PO BOX 1989 WEATHERFORD TX 760860289 United States	Bill To:	Invoice-HHSC Accounting HEALTH & HUMAN SERVICES COMMISSION 4601 W Guadalupe St Austin TX 78751 United States			
	Fax: Email:	512/424-6901 HHSC_AP@hhsc.state.tx.us			
	Purchaser:	Hernandez,Natalee			
Line-Sch Inventory Item ID - Line Description Class/Item Qua	antity UOM	PO Price	Extended Amt Due Date		
.FREIGHT: F.O.B. Destination Freight Prepaid Allowed DELIVERY:14 Days After Receipt of PO Delivery hours are from 8:00-11:30 AM and 1:00-4:30 PM Monday Frida AGENCY CONTACT: Laura Watson 254-562-1141 laura.watson@hhs.texas.gov	ay except designated State ⊦	lolidays			
HHSC BUYER:					
Natalee Hernandez, CTCD, CTCM					
512-406-2555					
Natalee.hernandez@hhs.texas.gov					
VENDOR:					
Bill Blevins					
817-594-5438 ext. 2337					

bblevis@cd-hartnett.com

Formal IFB HHS0012491

PURCHASING METHOD: EX/0 Purchase made under the Authority of Texas Government Code 2155.144 for goods or services acquired for the benefit or on behalf of clients of programs operated by the agency.

Not to Exceed \$100,000 (when no HUB HSP Review)

**REQUIREMENTS/LIMITATIONS:** 

## **Health and Human Services Commission**

## **Purchase Order**

Payment Terms	Freight Terms	Ship Via				HHSTX-3-0000298503		
Net 30 Prepaid & Allow BEST V   If advertised by informal bid, Invitation for Offer, or Request for Proposal specifications, terms, and conditions set forth in the advertisement and ver		all dor's	Purchase Orde Date 09/01/22	er Revision	<u> </u>	000296503 Page 2		
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N E P V	201441131 3 ACLANE EXPRESS INC OBA THE C. D. HARTNETT COMPA O BOX 1989 VEATHERFORD TX 760860289 J <b>nited States</b>	NY		Bill To:	HEALTH & HU			
			Fax: Email:	512/424-6901 HHSC_AP@hhsc.state.tx.us				
Line-Sch Invo	entory Item ID - Line Description	Class/Item	Ouantity	Purchaser: UOM	Hernandez,Na PO Price	talee Extended Amt	Due Date	
	ngent upon the continued availability		i	the Texas Legislat				
	AC §20.487, amended effective Ma			Ū		0		
Requisition 0000	191512							
	23 (Goods)-Resale products such as rettes and snacks for Mexia SSLC teen.	393-56	1.00	LOT	55000.00000	\$55,000.00	09/01/2022	
				Sc	hedule Total	\$55,000.00		
				Item Tot:	al for Line 1	\$55,000.00		
				Total	PO Amount	\$55,000.00		

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.

Authorized By Matalee Hemandry, CTUD, CTUM

<u>08/16/2022</u>

**Dispatch via Print**