## **Health and Human Services Commission**

## **Purchase Order**

**Dispatch via Print** 

Payment Te	8	Ship Via	Durahasa Ondan	HHSTX-3-0000298643
Net 30 Prepaid & Allow BEST WAY  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 with our Purchase Order Number.			Purchase Order Date 09/01/22	Revision Page
			Ship To:	4551 - Austin:4301 N Lamar Blvd HEALTH & HUMAN SERVICES COMMISSION 4301 N Lamar Blvd Austin TX 78751 United States
Vendor:	1362999230 9 ARJOHUNTLEIGH INC PO BOX 640799 PITTSBURGH PA 152640799 United States		Bill To:	Invoice - DADS HEALTH & HUMAN SERVICES COMMISSION 4001 Highway 36 South Brenham TX 77833 United States
			Fax: Email:	979/277-1865 712Accounting@hhs.texas.gov
			Purchaser:	Munoz,Gi bert J

Quantity

**UOM** 

PO Price

Total PO Amount

Extended Amt

\$11,370.00

**Due Date** 

Class/Item

FY23 funding OM/Q Requisition 194630 - Solicitation 194630 PO Service Dates 09-01-2022 to 08-31-2023

Attached Terms and Conditions apply to this Purchase Order.

**Inventory Item ID - Line Description** 

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

Line-Sch

First and Last Name: Sal Plaia Phone number: 832-926-0457

Email address: Salvador.Plaia@arjo.com

Agency contact

First and Last Name: Joshua Barber Phone number: 512-374-6089

Email address: Joshua.Barber@hhs.texas.gov

PCS contact

First and Last Name: Gilbert Munoz Phone number: 512-406-2473

Email address: Gi bert.Munoz@hhs.texas.gov

1-1 938-56 1.00 LOT 11370.00000 \$11,370.00 09/01/2022 FY23-Floor Lift and Shower Trolley Services Schedule Total \$11,370.00 111,370.

## **Health and Human Services Commission**

## **Purchase Order**

Dispatch via Print

Payment Te Net 30	Prepaid & Allow	<b>Ship Via</b> BEST WAY	Purchase Order	HHSTX-3-0000298643
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 Page 2
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:	4551 - Austin:4301 N Lamar Blvd HEALTH & HUMAN SERVICES COMMISSION 4301 N Lamar Blvd Austin TX 78751 United States
Vendor:	1362999230 9 ARJOHUNTLEIGH INC PO BOX 640799 PITTSBURGH PA 152640799 United States		Bill To:	Invoice - DADS HEALTH & HUMAN SERVICES COMMISSION 4001 Highway 36 South Brenham TX 77833 United States
			Fax: Email:	979/277-1865 712Accounting@hhs.texas.gov
			Purchaser:	Munoz,Gi bert J

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.

Quantity

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

UOM

Performance under this purchase order is acceptance of the attached affirmations and terms and conditions.

Class/Item

Line-Sch

**Inventory Item ID - Line Description** 

Authorized By

(Aillust Many), CTCL

PO Price

08/17/2022

Extended Amt

**Due Date**