## **Health and Human Services Commission**

#### **Purchase Order**

**Dispatch via Print** 

Payment To Net 30	Pick Up or Will Call	Ship Via BEST WA			HHSTX-3-0000299553		
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.			or's 09/01/2 ractor Ship Te	2 6433 - Carlsbad:11 HEALTH & HUM. 11640 US Hwy 87 11640 N US Hwy 8	RevisionPage 16433 - Carlsbad:11640 US Hwy 87 NHEALTH & HUMAN SERVICES COMMISSION11640 US Hwy 87 N11640 N US Hwy 87Carlsbad TX 76934United States		
Vendor:	1751282475 0 OPTICAL PRESCRIPTION SERVICE 401 W HIGHLAND BLVD SAN ANGELO TX 769037314 <b>United States</b>		Bill To		AN SERVICES COMMISSION		
			Fa En	x: 325/795-3807 aail: 710Accounting@hl	hsc.state.tx.us		
Line-Sch	Inventory Item ID - Line Description	Class/Item	Purcha Quantity UOM	ser: Burns,Debra A PO Price	Extended Amt Due Date		

FY23 CLASS ITEM 625-26

ITEMS TO BE ORDERED ON AS NEEDED BASIS FOR THE FACILITY San Angelo SSCL - Client Prescription Eyeglasses Repair SCOR Division: 19 State operated facilities

\*\*\*DO NOT PROCESS ORDERS PRIOR TO 09/01/2022\*\*\*

BLANKET PURCHASE ORDER

TERM: September 1, 2022 through August 31, 2023

SHIPPING INSTRUCTIONS: DO NOT SHIP until notified by Agency Contact.

FREIGHT: F.O.B. Destination Freight Prepaid Allowed/Add

DELIVERY: DELIVERY PER FACILITY REQUEST - Service per SOW. Items to be Picked-up by facility personnel

Delivery hours are from 8:00-11:30 AM and 1:00-4:30 PM Monday - Friday except designated State Holidays

AGENCY CONTACT: \*\*\*PACKING LIST REQUIRED TO SHOW PO NUMBER AND ATTN CONTACT INFO \*\*\* SME-Contract Manager: Ida Montez 325-465-2203 ida.montez@hhs.texas.gov ADOA carol.durham@hhs.texas.gov

SHIP TO INFORMATION: 6433 BUILDING: Warehouse CONTACT: Danny Melvin PHONE #: 325-465-2266 Email: danny.melvin@hhs.texas.gov

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

HHSC BUYER: Debra Burns, CTPM Direct: 512) 406-2564

# **Health and Human Services Commission**

## **Purchase Order**

**Dispatch via Print** 

Dames of T	E	CI * . X7*.			Dispatch via Print
Payment Terms Net 30	Freight Terms Pick Up or Will Call	<b>Ship Via</b> BEST WAY	Purchase Order	ŀ	HHSTX-3-0000299553
specifications, terms, a	hal bid, Invitation for Offer, or Required and conditions set forth in the advert	rtisement and vendor's	Date 09/01/22	Revision	<b>Page</b> 2
guarantees goods or se requirements.	become a part of this numbered pur rvices delivered meet or exceed nu	mbered purchase order	Ship To:	6433 - Carlsbad:11 HEALTH & HUM 11640 US Hwy 87	AN SERVICES COMMISSION
All shipments, shippi with our Purchase O	ng papers, invoices, and correspo rder Number.	ndence must be identified		11640 US Hwy 87 11640 N US Hwy 8 Carlsbad TX 76934 United States	87
OPTI 401 V SAN	282475 0 CAL PRESCRIPTION SERVICE V HIGHLAND BLVD ANGELO TX 769037314 ed States		Bill To:	Invoice - DADS HEALTH & HUM. 2501 Maple St PO Box 451 Abilene TX 79602 United States	AN SERVICES COMMISSION
			Fax: Email:	325/795-3807 710Accounting@hl	hsc.state.tx.us
			Purchaser:	Burns,Debra A	
Line-Sch Invento	ry Item ID - Line Description	Class/Item Quantity	UOM	PO Price	Extended Amt Due Date
***AMOUNT NOT TO TERMS NET 30 Informal IFB #HHS0	Øeyemanofsanangelo.com D EXCEED \$20,000.00 PER FY 000196059	'23 WITHOUT PRIOR APP	'ROVAL***		
AWARD PER IFB R PURCHASING MET Purchase Not to Exc	HOD: OM/F				
REQUIREMENTS/L Quantities may be in	IMITATIONS: creased or decreased upon nee n are estimates only and do not			ies not ordered and	I received by August 31, 2023,
Goods and/or servic	es are to be delivered and invoid	ced after September 1, 202	22.		
This PO is continger	nt upon the continued availability	/ of lawful appropriations by	y the Texas Legislature	e. FY23 funding.	
Invoice per 34 TAC	§20.487, amended effective May	y 1, 2022			
Requisition #000019	6059				
Note: Agency will no controlled assets on	t order products on this PO that this PO.	are available from Workqu	lest or Texas Correction	onal Industries. Age	ency will not order capital or
	oods to be ordered as needed b mit to ordering specific quantitie				ate Supported Living Center .

The quantities are based on estimates of prior purchases and are estimates for evaluation purposes only and should not be construed as a minimum or maximum that the agency must order. HHSC shall be obligated to pay for only those goods actually ordered and received by the agency. Any funds not utilized by August 31 (the end of the fiscal year) will be automatically cancelled.

# **Health and Human Services Commission**

### **Purchase Order**

Payment Terms         Freight Terms         Ship Via           Net 30         Pick Up or Will Call         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 Ship To:	Revision           6433 - Carlsbad:           HEALTH & HUI           11640 US Hwy 8           11640 N US Hwy	6433 - Carlsbad:11640 US Hwy 87 N HEALTH & HUMAN SERVICES COMMISSION 11640 US Hwy 87 N 11640 N US Hwy 87 Carlsbad TX 76934		
Vendor:	1751282475 0 OPTICAL PRESCRIPTION SERVICE 401 W HIGHLAND BLVD SAN ANGELO TX 769037314 <b>United States</b>			Bill To:	Invoice - DADS HEALTH & HUI 2501 Maple St PO Box 451 Abilene TX 7960 United States	MAN SERVICES CO 2	OMMISSION
				Fax: Email:	325/795-3807 710Accounting@	hhsc.state.tx.us	
				Purchaser:	Burns,Debra A		
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
Following th	w Products to the Contract: he contract award, additional products of eady on the contract, may be added. FY23 BLANKET SGSSLC CLIENT Eye Glasses Repair TERM 09/01/2022 - 08/31/2023	the same gene	eral category 1.00	LOT 2	20000.00000	\$20,000.00	contract, and that 09/01/2022
				Sch	edule Total	\$20,000.00	
				Item Tota	l for Line 1	\$20,000.00	

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	
MATI, AREFAILA	
	08/29/2022

**Dispatch via Print**