Health and Human Services Commission

Purchase Order

ment Terms Freight Terms Ship Via BEST WAY Purchase C 30 Prepaid & Allow BEST WAY Purchase C vertised by informal bid, Invitation for Offer, or Request for Proposal; all diffications, terms, and conditions set forth in the advertisement and vendor's orning responses become a part of this numbered purchase order. Contractor andrees goods or services delivered meet or exceed numbered purchase order. Date 02/22/2 Ship Drint Ship Via mates goods or services delivered meet or exceed numbered purchase order. Ship Via 00/22/22 dor: 1263499518 2 MONO MACHINES LLC DBA SUPPLY CHIMP 228 PARK AVE S # 36842 NEW YORK NN 10003-1502 United States Bill To: 3 Purchase / Requisition #: 0000205945 Fax: Email: 2 Sch Inventory Item ID - Line Description Class/Item Quantity UOM 3 Purchase / Requisition #: 0000205945 Spin of the DUE DATES specified on the PO. ght: F.O.B. Destination Freight Prepaid Allowed very: 5 Days After Receipt of PO very hours are from 8:00-11:30 AM and 1:00-4:30 PM Monday - Friday except designated 5 and Ramirez @ 972-337-6166 ana.ramirez @ hb.stexas.gov dor information: on Advarado @ (h512) 406-2505 onia.Alvarado @ (h512) 406-2505 onia.Alvarado @ No.stexas.gov dor information: on Machines LLC dba Supply Chimp is McPherson @ 800-592:1306 ime @ supplychimp.com spon2-27-2023) attbur PC: urement methods were ev			
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600-02 10.00 EA	7.91000 \$79.10 09/30/2022		
Southworth Soupf8 Award Certif. Holder Navy; Supplier Part Number: 39144: Manufacturer Part #: SOUPF8	······ •···· •·····		
	Schedule Total \$79.10		

Health and Human Services Commission

Purchase Order

					Dispa	tch via Print
Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order		HHSTX-3-0	000300962
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		Date 09/23/22	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.			Ship To:	1288 - Arlington:2220 Forum Dr HEALTH & HUMAN SERVICES COMMISSION 2220 Forum Dr Arlington TX 76010 United States		
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.						
M D 22 N	263499518 2 IONO MACHINES LLC BA SUPPLY CHIMP 28 PARK AVE S # 36842 EW YORK NY 10003-1502 inited States		Bill To: Invoice-HHSC Accounting HEALTH & HUMAN SERVICES COMMISSION 4601 W Guadalupe St Austin TX 78751 United States		DMMISSION	
			Fax: Email:	512/424-6901 HHSC_AP@hhs	sc.state.tx.us	
			Purchaser:	Alvarado, Veron	nica	
Line-Sch Inve	entory Item ID - Line Description	Class/Item Quantity	UOM	PO Price	Extended Amt	Due Date
			Item Total	for Line 1	\$79.10	
			Total P	O Amount	\$79.10	

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	
Vunica Antela	<u>09/23/2022</u>