Health and Human Services Commission

Purchase Order

Dispatch via Print

Extended Amt Due Date

Payment Te Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHS	STX-3-0000301414	
specification	by informal bid, Invitation for Offer, or Is, terms, and conditions set forth in the ac	lvertisement and vendor's	Date 09/28/22	Revision	Page 1	
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:	5035 - Rusk: 805 N Dickinson Dr HEALTH & HUMAN SERVICES COMMISSION 805 N Dickinson Dr PO Box 318 Rusk TX 75785 United States		
Vendor:	1832646668 9 IDM PRODUCTS LLC 10460 MARKISON RD DALLAS TX 752381650 United States		Bill To:	Invoice - DADS HEALTH & HUMAN SE 424 Mesquite Dr PO Box 1132 Mexia TX 76667 United States	ERVICES COMMISSION	
			Fax: Email:	254/562-1894 718Accounting@hhs.texa	as.gov	
			Purchaser:	Manor, Darryl Dwayne	512/406-2475	

Quantity

UOM

PO Price

**PLEASE SEND INVOICES VIA EMAIL TO 718Accounting@hhs.texas.gov *

SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO.

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

Inventory Item ID - Line Description

DELIVERY: 15 Days After Receipt of PO

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

Class/Item

SHIP ATTENTION TO AGENCY CONTACT:

Toni Booker Ph: 903-683-7571

Bld. 615

Line-Sch

E-Mail: toni.booker@hhs.texas.gov

Warehouse: Please deliver to bldg. 614/504

Jerry McClure

Email: jerry.mcclure@hhs.texas.gov

Phone: 903-683-7621

HHSC BUYER:

Darryl Manor, Purchaser CTCD

Temp Cell: 512-853-0576 Phone: (512) 406-2475 E-Mail Address: darryl.manor@hhs.texas.gov

VENDOR:

IDM Products, LLC

Contact Name: Gerald Grimes E-Mail: gerald@idmproducts.com

Phone: (972) 345-3952

PURCHASING METHOD: CP/X

Procurement methods were evaluated, and the best value is provided using the TXMAS contract.

Txmas Contract: TXMAS-18-51V08

Smartbuy PO: 23008116

REQUIREMENTS/LIMITATIONS:

Health and Human Services Commission

Purchase Order

Ship Via

Payment Terms

Freight Terms

Dispatch via Print

Net 30	Prepaid & Allow	BEST '		Purchase 0	Order	HHSTX-3-00	000301414
specification	by informal bid, Invitation for Offer, or Request, terms, and conditions set forth in the adversariance.	rtisement and ve	endor's	Date 09/28/22	Revision		Page 2
guarantees g requirement All shipmer	nts, shipping papers, invoices, and correspo	ımbered purchas	e order	Ship To:		05 N Dickinson Dr UMAN SERVICES CO on Dr	OMMISSION
with our Pu	ırchase Order Number.				Rusk TX 7578: United States	5	
Vendor:	1832646668 9 IDM PRODUCTS LLC 10460 MARKISON RD DALLAS TX 752381650 United States			Bill To:	Invoice - DAD HEALTH & H 424 Mesquite I PO Box 1132 Mexia TX 7666 United States	UMAN SERVICES CO Or	OMMISSION
				Fax: Email:	254/562-1894 718Accounting	g@hhs.texas.gov	
				Purchaser:	Manor, Darryl	Dwayne 51	12/406-2475
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
This PO is	contingent upon the continued availability	y of lawful appr	opriations by	the Texas Legi	slature. FY2023 fund	ling.	
Invoice per	34 TAC §20.487, amended effective Ma	y 1, 2022					
Requisition	0000207280						
1-1	Goods - 1/4" X 36 Yd Acrylic Adhesive Double Sided Tape, Polyethylene Film Liner, Series 4910 (Supplier Part # 3661469; Manufacturer Part # 7000028926)	450-02	3.00	EA	66.23000	\$198.69	10/14/2022
					Schedule Total	\$198.69	
				Item	Total for Line 1	\$198.69	
2-1	Goods - Knee Pads; Strap Type: Buckle; Closure Type: Buckle; Hard Protective Cap: Yes; Size: One Size Fits All; Pad Material: Gel; Padding Material: Gel (Supplier Part # 99437550; Manufacturer Part # 372)	345-08	4.00	EA	31.06000	\$124.24	10/14/2022
					Schedule Total	\$124.24	
				Item	Total for Line 2	\$124.24	
				Т	otal PO Amount	\$322.93	

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Te	erms Freight Terms	Ship Via		11110=1110	
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSTX-3-0000301414	
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				Revision Pag	
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.			r Simp 10:	5035 - Rusk:805 N Dickinson Dr HEALTH & HUMAN SERVICES COMMISSION 805 N Dickinson Dr PO Box 318 Rusk TX 75785 United States	
Vendor:	1832646668 9 IDM PRODUCTS LLC 10460 MARKISON RD DALLAS TX 752381650 United States		Bill To:	Invoice - DADS HEALTH & HUMAN SERVICES COMMISSION 424 Mesquite Dr PO Box 1132 Mexia TX 76667 United States	
			Fax: Email:	254/562-1894 718Accounting@hhs.texas.gov	
			Purchaser:	Manor, Darryl Dwayne 512/406-2475	
Line-Sch	Inventory Item ID - Line Description	Class/Item Oua	antity UOM	PO Price Extended Amt Due Date	

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

Dand man CTP

09/29/2022