Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Term Net 30	s Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order		HHSTX-3-0000302045
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 10/05/22	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:	Ship To: 6079 - San Antonio:6711 S New Brau HEALTH & HUMAN SERVICES COMMISSION 6711 S New Braunfels Ave Ste 500 San Antonio TX 78223 United States	
Vendor:	1742157993 3 A-1 SCALE SERVICE INC		Bill To:	Invoice-DSHS A	ccounts Payable MAN SERVICES COMMISSION

4807 NW INDUSTRIAL SAN ANTONIO TX 782381934

United States

HEALTH & HUMAN SERVICES COMMISSION

6711 S New Braunfels

Ste 100

San Antonio TX 78223

United States

Fax: 210/531-7883

Email: SAHAccounting@dshs.texas.gov

Purchaser: Munoz, Gilbert J

Quantity Extended Amt Due Date Line-Sch **Inventory Item ID - Line Description** Class/Item **UOM** PO Price

FY23 funding SP/E Requisition 207056 - Pricing per Quote PO Services Dates 10-05-22 to 08-31-2-23

Attached Terms and Conditions apply to this Purchase Order.

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

First and Last Name: David Morgan Phone number: 210-521-7848 Ext. 110 Email address: David.Morgan@A1Scale.com

Agency contact

First and Last Name: Geral Rhoder Phone number: 210-531-3700

Email address: Geral.Rhoder@hhs.texas.gov Facility: San Antonio State Supported Living Center

PCS contact

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

Email address: Gilbert.Munoz@hhs.texas.gov

1-1 938-79 1.00 LOT 9900.00000 \$9,900.00 10/05/2022

FY23 MONTHLY SERVICE AND

REPAIRS OF SCALES

Item Total for Line 1 \$9,900.00

\$9,900.00

Schedule Total

Total PO Amount \$9,900.00

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Vendor:	1742157993 3 A-1 SCALE SERVICE INC 4807 NW INDUSTRIAL SAN ANTONIO TX 782381934 United States		Bill To:	Invoice-DSHS Accounts Payable HEALTH & HUMAN SERVICES COMMISSION 6711 S New Braunfels Ste 100 San Antonio TX 78223 United States	
			Fax: Email:	210/531-7883 SAHAccounting@dshs.texas.gov	
			Purchaser:	Munoz,Gilbert 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

UOM

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.

Class/Item

Line-Sch

Inventory Item ID - Line Description

Authorized By
(Allust MMM), CTC.)

PO Price

10/05/2022

Extended Amt

Due Date