# Health and Human Services Commission

### **Purchase Order**

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Payment Terms	Freight Terms	Ship Via			Dispa	tch via Pri
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	I	HSTX-3-0	00030213
specifications, terms	dvertised by informal bid, Invitation for Offer, or Request for Proposal; all ecifications, terms, and conditions set forth in the advertisement and vendor's		Date 10/06/22	Revision		Pa
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 10:	6433 - Carlsbad:11640 US Hwy 87 N HEALTH & HUMAN SERVICES COMMISSION 11640 US Hwy 87 N 11640 N US Hwy 87 Carlsbad TX 76934 United States		
HO 603 DA	3685131 7 RNY TOAD DISTRIBUTORS L 3 BELMONT AVE LLAS TX 752066807 <b>ited States</b>	LC	Bill To:	Invoice - DADS HEALTH & HUM 2501 Maple St PO Box 451 Abilene TX 79602 United States	AN SERVICES CO	OMMISSION
			Fax: Email:	325/795-3807 710Accounting@h	hsc.state.tx.us	
			Purchaser:	Andrews,Kimberly	y 97	72/337-6254
Line-Sch Inven	tory Item ID - Line Description	Class/Item Quan	tity UOM	PO Price	Extended Amt	Due Date
Ferm: 09/01/2022 Vendor Name: Hor Vendor Address: 6 Vendor City Zip: D Vendor Contact: S Vendor Contact Pr Vendor Contact Er	ny Toad Distributors LLC 033 Belmont Ave Dallas, Texas 75206-6807 Steve none: 806-441-1878 nail: steve@hornytoaddistribto	*****	*****	****		
/endor TIN#: 1843	\$6851317.000	***				
Contract Manager: Contract manager Contract manager	phone: 325-465-2203	kas.gov				
SME Agency Conta SME Agency Conta SME Agency Conta	act phone: 325-465-2300	s.texas.gov				
	Perry Havard ry.havard@hhs.texas.gov ⊳465-2300					
Requestor Contact Requestor Email: Requestor Phone:	Debbie.block@hhs.texas.gov	1				
*****	*****	****				

### Health and Human Services Commission

#### **Purchase Order**

Payment Ter Net 30	rms Freight Terms Prepaid & Allow	<b>Ship Via</b> BEST WAY	Purchase Order	н	HSTX-3-0000302139	
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 10/06/22	Revision		
guarantees go requirements. All shipment	esponses become a part of this numbered pu oods or services delivered meet or exceed nu ts, shipping papers, invoices, and corresp rchase Order Number.	imbered purchase order	Ship To:	6433 - Carlsbad:116 HEALTH & HUMA 11640 US Hwy 87 N 11640 N US Hwy 87 Carlsbad TX 76934 United States	N SERVICES COMMISSION	
Vendor:	1843685131 7 HORNY TOAD DISTRIBUTORS LLC 6033 BELMONT AVE DALLAS TX 752066807 <b>United States</b>	2	Bill To:	Invoice - DADS HEALTH & HUMA 2501 Maple St PO Box 451 Abilene TX 79602 United States	N SERVICES COMMISSION	
			Fax: Email:	325/795-3807 710Accounting@hhs	sc.state.tx.us	
			Purchaser:	Andrews,Kimberly	972/337-6254	
Line-Sch	<b>Inventory Item ID - Line Description</b>	Class/Item Quantity	UOM	PO Price	Extended Amt Due Date	

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

**TERMS NET 30** FREIGHT TERMS FOB DESTINATION PREPAID ADD

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MAIL INFORMATION TO: 6433 BUILDING: Warehouse CONTACT: Danny Melvin 325-465-2266 PHONE #: FAX#: 325-465-2149 danny.melvin@hhs.texas.gov Email:

Attn: Deborah Block 325-465-2303 debbie.block@hhs.texas.gov

1-1		045-52	6.00	EA	350.25000	\$2,101.50	10/06/2022
	Microwave 2.2 cu. f. Countertop with 1,200 Watt Cooking Power Contractor: Horny Toad Distributors, LLC Contract Number: 045-A1 Supplier Number: WMC50522HW Manufacturer Part Number: WMC50522HW Manufacturer: Whirlpool						

Schedule Total \$2,101.50

**Dispatch via Print** 

## **Health and Human Services Commission**

### **Purchase Order**

					Dispat	tch via Print
Payment Ter Net 30	rms Freight Terms Prepaid & Allow	<b>Ship Via</b> BEST WAY	Purchase Order	F	HSTX-3-00	00302139
specifications	by informal bid, Invitation for Offer, or Re s, terms, and conditions set forth in the adv	ertisement and vendor's	Date 10/06/22	Revision		Page 3
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Vendor:	dor: 1843685131 7 Bill To: HORNY TOAD DISTRIBUTORS LLC 6033 BELMONT AVE DALLAS TX 752066807 United States		Bill To:	Invoice - DADS HEALTH & HUMAN SERVICES COMMISSION 2501 Maple St PO Box 451 Abilene TX 79602 United States		
			Fax: Email:	325/795-3807 710Accounting@hh	sc.state.tx.us	
			Purchaser:	Andrews,Kimberly	97	2/337-6254
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantity	UOM	PO Price	Extended Amt	Due Date
			Item Total	for Line 1	\$2,101.50	
			Total P	O Amount	\$2,101.50	

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.

<u>10/06/2022</u>