Health and Human Services Commission

Purchase Order

					Dispatch via Print	
Payment Te Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	НН	STX-3-0000302308	
specification	by informal bid, Invitation for Offer, or Re s, terms, and conditions set forth in the adv	ertisement and vendor's	Date 10/10/22	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:	To: 1288 - Arlington:2220 Forum Dr HEALTH & HUMAN SERVICES COMMISSION 2220 Forum Dr Arlington TX 76010 United States		
Vendor:	1752196611 3 A PHOTO IDENTIFICATION INC PO BOX 211836 BEDFORD TX 760958836 United States		Bill To:	Invoice-HHSC Financial HEALTH & HUMAN S 801 S State Highway 16 PO Box 532089 Grand Prairie TX 75051 United States	SERVICES COMMISSION	
			Fax: Email:	972/337-6257 Reg03_AP@hhsc.state.tt	x.us	
			Purchaser:	Maldonado,Daniel Ray		
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantity	UOM	PO Price Ex	ttended Amt Due Date	

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

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

DELIVERY: 21 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

AGENCY CONTACT: Trisha Matzke 972-337-6260 Trisha.Matzke@hhs.texas.gov

Ship to Attn: Trisha Matzke

HHSC BUYER: Daniel Maldonado, CTCD 512-406-2649 Daniel.Maldonado01@hhs.texas.gov

VENDOR: A Photo Identification Rosane Bliss rbliss@aphotoid.com

QUOTE # 93022

PURCHASING METHOD: SP/E Not to Exceed \$10,000.00

REQUIREMENTS/LIMITATIONS: This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature. FY2023 funding.

Invoice per 34 TAC §20.487, amended effective May 1, 2022

Requisition # 0000209196

1.00 BOX

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment T	erms Freight Terms	Ship V	Via			Diopat		
Net 30	Prepaid & Allow	BEST		Purchase Orde	r	HHSTX-3-00	00302308	
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 10/10/22	Revision		Page 2		
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Vendor:	1752196611 3 A PHOTO IDENTIFICATION INC PO BOX 211836 BEDFORD TX 760958836 United States			Bill To:	HEALTH & 801 S State F PO Box 5320 Grand Prairie	Invoice-HHSC Financial Service HEALTH & HUMAN SERVICES COMMISSION 801 S State Highway 161 PO Box 532089 Grand Prairie TX 75051 United States		
				Fax: Email:	972/337-6257 Reg03_AP@hhsc.state.tx.us			
				Purchaser:	Maldonado,	Daniel Rav		
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date	
				Sch	edule Total	\$55.00		
				Item Tota	for Line 1	\$55.00		
2-1	UPS/Ground Shipping	962-86	1.00	LOT	15.00000	\$15.00	11/04/2022	
				Sch	edule Total	\$15.00		
				Item Tota	l for Line 2	\$15.00		
				Total	PO Amount	\$70.00		

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.

Autho	Authorized By		
Danie Maldo	niel donado	Digitally signed by Daniel Maldonado Date: 2022.10.10 14:07:40 -05'00'	<u>10/10/2022</u>