Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment To Net 30	erms Freight Terms Prepaid & Allow	Ship V BEST		Purchase Order		HHSTX-3-0000302409
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 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.			Date 10/11/22	Revision	Page 1	
			Ship To:			
Vendor:	endor: 1135156640 8 INGERSOLL RAND COMPANY PO BOX 951358 DALLAS TX 753951358 United States		Bill To:	Bill To: Invoice-DSHS Accounts Payable HEALTH & HUMAN SERVICES COMMISS 6711 S New Braunfels Ste 100 San Antonio TX 78223 United States		
				Fax: Email:	210/531-7883 SAHAccounting	g@dshs.texas.gov
				Purchaser:	De La Rosa,Li	indsey M
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt Due Date

Vendor Preventative Maintenance prices are attached to line#1.

\$2,692.00 is the bare minimum for Preventative work. KSH is estimating will need an \$,1308 (\$4,000 total) for any additional work needed to safely operate.

Vendor: Ingersoll Rand Beverly Dovalina - Service Coordinator Compression Technologies Services service.sanantonio@irco.com| (210) 656-9481 San Antonio Air Center 12774 O'Connor Road San Antonio, Texas 78233 United States

KSH Agency Contact info: H. Leland Lee Clancy - Administrative Assistant III H.Clancy@hhsc.state.tx.us 830-258-5211 721 Thompson Dr., Kerrville TX. 78028

*** On the PO, Please reference the Requisition Number ***

Ship to Billing Code: 5059

Vendor Invoicing Instructions: Please send all Kerrville State Hospital invoices direct to: SAHAccounting@dshs.texas.gov or fax 210-531-7883 SP/E - Spot Purchase Up to \$10,000.00 SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO. FREIGHT: F.O.B. Destination Freight Prepaid Allowed Delivery hours are from 8:00-11:30 AM and 1:00-4:30 PM Monday Friday except designated State Holidays Vendor Invoicing Instructions: Please send all Kerrville State Hospital invoices direct to: SAHAccounting@dshs.texas.gov or fax 210-531-7883 AGENCY CONTACT: Ship to Attn: Clancy, H Leland 830-258-5211 H.Clancy@hhs.texas.gov HHSC BUYER: Lindsey De La Rosa 7766284 lindsey.delarosa@hhs.texas.gov VENDOR: Ingersoll Rand Beverly Dovalina - Service Coordinator **Compression Technologies Services** service.sanantonio@irco.com| (210) 656-9481 San Antonio Air Center

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If advertised	by informal bid, Invitation for Offer, or Req s, terms, and conditions set forth in the adver	uest for Proposa	l; all	Date 10/11/22	Revision		Page 2
	responses become a part of this numbered pu oods or services delivered meet or exceed nu			Ship To:		21 Thompson Dr AN SERVICES CC	MMISSION
All shipmen	ts, shipping papers, invoices, and correspo rchase Order Number.	ondence must b	e identified		721 Thompson Dr Kerrville TX 78028 United States	3	
Vendor:	1135156640 8 INGERSOLL RAND COMPANY PO BOX 951358 DALLAS TX 753951358 United States			Bill To:	Invoice-DSHS Acc HEALTH & HUM 6711 S New Braun Ste 100 San Antonio TX 78 United States	AN SERVICES CC fels	OMMISSION
				Fax: Email:	210/531-7883 SAHAccounting@	dshs.texas.gov	
Γ				Purchaser:	De La Rosa,Linds		
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
United State QUOTE: QU PURCHASI Not to Exce REQUIREM This PO is o Invoice per	o, Texas 78233		opriations by	r the Texas Legislatur	e. FY2023 funding.		
1-1	(FY23 for KSH Region 1 Laundry) Industrial Air Compressor, For Preventative Maintenance and pricing parts/Labor for any additional repairs.	934-43	1.00	LOT 4	1000.00000	\$4,000.00	10/14/2022
				Sche	dule Total	\$4,000.00	
FY23 CG2 F F3D010 F25	3D LAUNDRY SRV F2500 PREVENTIVE 00 7367 PM	MAINTENAN	CE				
	firm quote. This is an estimate based upon k needed, the customer will be notified as suc			continue or suspend wor	[.] k. for Line 1	\$4,000.00	
				Total P	O Amount	\$4,000.00	

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.

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Payment Te Net 30	erms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-3-00003024	09
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			Fax: Email:	210/531-7883 SAHAccounting@dshs.texas.gov	
Line-Sch	Inventory Item ID - Line Description	Class/Item Ouantity	Purchaser: UOM	De La Rosa,Lindsey M PO Price Extended Amt Due Date	

Authorized By	
Linosuy De La Rova	<u>10/11/2022</u>