## **Health and Human Services Commission**

## **Purchase Order**

Payment Terms	Freight Terms	Ship Via		Dispatch via Prin		
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	Revision	HSTX-3-000030243	
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.		vertisement and vendor's	Date 10/11/22		Pag	
		Ship To:	4551 - Austin:4301 N Lamar Blvd HEALTH & HUMAN SERVICES COMMISSION 4301 N Lamar Blvd			
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Austin TX 78751 United States			
ZAA 161 SUG	3143273 4 APPAAZ INC 07 KENSINGTON DR STE 172 GAR LAND TX 774794224 ted States	GTON DR STE 172		Invoice - DADS HEALTH & HUMAN SERVICES COMMISSION 4001 Highway 36 South Brenham TX 77833 United States		
			Fax: Email:	979/277-1865 712Accounting@hhs.texas.gov	s.texas.gov	
Line-Sch Invent	ory Item ID - Line Description	Class/Item Quantity	Purchaser: UOM	Alexander,Leslie L PO Price	512/406-2424 Extended Amt Due Date	
FY23 Purchase						
Procurement Type:	SP/E					
Requisition #: 0000	208924					
	above for Bill to Information					
	above for Bill to Information P TO ADDRESS ON PO					
See above for SHIF Agency Delivery Co Gabriele Dangerfie	P TO ADDRESS ON PO					
See above for SHIF Agency Delivery Co Gabriele Dangerfie	P TO ADDRESS ON PO ontact: Id / 512-419-2663 angerfield@hhs.texas.gov					
See above for SHIF Agency Delivery Co Gabriele Dangerfie Email: Gabriele.Da HHSC terms and co Purchaser Informat HHSC Purchasing: Contact Name: Le Contact Phone: 51 Fax: 512-406-2695	P TO ADDRESS ON PO ontact: Id / 512-419-2663 angerfield@hhs.texas.gov onditions attached ion: slie Alexander 2-406-2424					
See above for SHIF Agency Delivery Co Gabriele Dangerfie Email: Gabriele.Da HHSC terms and co Purchaser Informat HSC Purchasing: Contact Name: Le Contact Phone: 51 Fax: 512-406-2695 Email: Leslie.Alexa /ENDOR INFORM /endor Name: Zaa /endor Contact: C /endor Phone: 84	P TO ADDRESS ON PO ontact: Id / 512-419-2663 angerfield@hhs.texas.gov onditions attached ion: slie Alexander 2-406-2424 5 ander@hhs.texas.gov ATION appaaz, LLC					
See above for SHIF Agency Delivery Co Gabriele Dangerfie Email: Gabriele.Da HHSC terms and co Purchaser Informat HHSC Purchasing: Contact Name: Le Contact Phone: 51 Fax: 512-406-2699 Email: Leslie.Alexa VENDOR INFORM Vendor Name: Zaa Vendor Contact: C Vendor Phone: 84 Vendor Email: sale	P TO ADDRESS ON PO ontact: Id / 512-419-2663 angerfield@hhs.texas.gov onditions attached ion: slie Alexander 2-406-2424 5 ander@hhs.texas.gov ATION appaaz, LLC ustomer Service 4-877-8930 or 832-924-6777	.llowed/Add				

Custom Lanyards, With 3/8", Length 36", Royal Blue with Red writing, Bulldog Clip, Flat Plastic Breakaway, Please see attachment for exact info.

## **Health and Human Services Commission**

## **Purchase Order**

**Dispatch via Print** 

10/12/2022

Payment Te	rms Freight Terms	Ship Via				
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	H	HSTX-3-0000302439	
specifications	by informal bid, Invitation for Offer, or Request, terms, and conditions set forth in the advert	tisement and vendor's	Date 10/11/22	Revision	<b>Page</b> 2	
	esponses become a part of this numbered pur bods or services delivered meet or exceed nu		Ship To:	4551 - Austin:4301 N Lamar Blvd HEALTH & HUMAN SERVICES COMMISSION 4301 N Lamar Blvd		
	ts, shipping papers, invoices, and correspo cchase Order Number.	ndence must be identifi	d	Austin TX 78751 United States		
Vendor:	1263143273 4 ZAAPPAAZ INC 16107 KENSINGTON DR STE 172 SUGAR LAND TX 774794224 <b>United States</b>		Bill To:	Invoice - DADS HEALTH & HUMAI 4001 Highway 36 So Brenham TX 77833 United States	N SERVICES COMMISSION uth	
			Fax: Email:	979/277-1865 712Accounting@hhs	.texas.gov	
			Purchaser:	Alexander,Leslie L	512/406-2424	
Line-Sch	Inventory Item ID - Line Description	Class/Item Quant		PO Price	Extended Amt Due Date	
Message - Au Option - One	8 inch, Lanyard Width - 3/8 inch Lanyard Le Istin State Hospital, Font - Arial bold, No. O Side, Stitching - Sewing, Safety Breakaway ng Time - 7 Days (Free)Delivery Date - O	f Imprint Color - One col - Flat Plastic Breakaway	Lanyard Quality - Standard or (Red), Attachment Type- Buckle Attachment - No B Item Total	Single, Attachment - E	Bulldog Clip, Printing	
NT 1 /				~		

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 Justie Alent S, CTP