## **Health and Human Services Commission**

## **Purchase Order**

**Dispatch via Print** 

Payment Terms	Freight Terms	Ship Via		1111 <b>0T</b> )/ 0 000000 /	
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSTX-3-00003047	/3/
If advertised by informal bid, Invitation for Offer, or Request for Proposal; all			Date	Revision	Page
specifications, terms, and conditions set forth in the advertisement and vendor's			11/09/22		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:	5726 - Mount Pleasant: 1014 N Jeffe DEPARTMENT OF STATE HEALTH SERVICES 1014 N Jefferson Mount Pleasant TX 75455 United States	
R 3: F	382471219 7 ODZINA INDUSTRIES INC 518 FENTON RD LINT MI 485071567 <b>nited State</b> s		Bill To:	Invoice-HHSC; Region 04 Headqu HEALTH & HUMAN SERVICES COMMISSION 302 E Rieck Rd Tyler TX 75703 United States	N
			Fax: Email:	903 534 8487 paula.thurman@hhsc.state.tx.us	

Evans, Jocelynn Purchaser:

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

FY23 General Goods Spot Purchase SP/E

Requisition #: 0000211118

Stamp Text: Department of State Health Services 1014 North Jefferson Avenue Mount Pleasant, Texas 75455 903-577-9132

SEND INVOICES TO: reg04\_admin\_services@hhs.texas.gov

Agency Contact: Name: Vernon Thomas

Email: Vernon.Thomas@hhs.texas.gov

Phone: +903-509-5109

Purchaser Information: Name: Jocelynn Evans Phone #512-776-6233

Email Address: jocelynn.evans@hhs.texas.gov

Vendor Contact: Robert Cross Ph: 810-235-2341 Fx: 810-235-3919 Email:rodzinaind@aol.com Rodzina Industries, Inc VID: 1382471219

3518 Fenton Rd, Flint, MI 48507

This purchase order is contingent upon the continued availability of lawful appropriations by the Texas Legislature CPA Procurement Manual, and may be cancelled at any time in whole or part without penalty.

Invoicing and Payment: The invoice shall contain all the following in order to be considered for payment: PO number referenced, a unique invoice number, invoice date, and the total invoice amount. Each invoice shall also have an attached copy of the bill in order to be paid. Mail all original invoices to the BILL TO ADDRESS ON PO. Payment terms are net thirty days (30) unless a discount has been offered. Facility is not responsible for failure by the vendor to properly invoice which may delay payment processing.

## **Health and Human Services Commission**

## **Purchase Order**

**Dispatch via Print** 

**Due Date** 

**Extended Amt** 

Payment Te Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-3-0000304737
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.			<b>Date</b> 11/09/22	Revision Page 2
			Ship To:	5726 - Mount Pleasant:1014 N Jeffe DEPARTMENT OF STATE HEALTH SERVICES 1014 N Jefferson Mount Pleasant TX 75455 United States
Vendor:	1382471219 7 RODZINA INDUSTRIES INC 3518 FENTON RD FLINT MI 485071567 United States	RD		Invoice-HHSC; Region 04 Headqu HEALTH & HUMAN SERVICES COMMISSION 302 E Rieck Rd Tyler TX 75703 United States
			Fax: Email:	903 534 8487 paula.thurman@hhsc.state.tx.us

**Purchaser:** 

**UOM** 

Evans, Jocelynn

PO Price

Deliver to SHIP TO ADDRESS ON PO. Please include PO NUMBERS ON PACKING SLIPS, CARTONS, PACKAGES, BUNDLES, ETC.

Class/Item

Freight Terms are FOB Destination Prepaid and Allowed/Add.

**Inventory Item ID - Line Description** 

Line-Sch

Delivery hours are from 8:00-11:30 AM and 1:00-4:30 PM Monday thru Friday except designated State Holidays when the Warehouse is closed.

Quantity

1-1	R04-Trodat Stamp, Model #4915	615-77	1.00	EA	10.95000	\$10.95	12/01/2022
					Schedule Total	\$10.95	
					Item Total for Line 1	\$10.95	
2-1	R04-Shipping and Handling	962-86	1.00	LOT	5.00000	\$5.00	12/01/2022
					Schedule Total	\$5.00	
					Item Total for Line 2	\$5.00	
					Total PO Amount	\$15.95	

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

Jocelynn Evans

11/14/2022