Health and Human Services Commission

Purchase Order

Dispatch via Print

Extended Amt

Due Date

Payment Tell Net 30	rms Freight Terms N/A, Service, Pick up, etc.	Ship Via NONE	Purchase Order	HHS	STX-3-0000304847	
If advertised specifications	by informal bid, Invitation for Offer, or Requ s, terms, and conditions set forth in the adver-	lest for Proposal; all tisement and vendor's	Date 11/10/22	Revision Page		
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:	6484 - Mexia:424 Mesquite Dr HEALTH & HUMAN SERVICES COMMISSION 424 Mesquite Dr PO Box 1132 Mexia TX 76667 United States		
Vendor:	7001639955 5 JOE WACHSMANN 1304 RADISSON DR HEWITT TX 766433974 United States		Bill To:	Invoice - DADS HEALTH & HUMAN SE 424 Mesquite Dr PO Box 1132 Mexia TX 76667 United States	ERVICES COMMISSION	
			Fax: Email:	254/562-1894 718Accounting@hhs.texa	is.gov	
			Purchaser:	Atchley, Cindy Jean	432/263-9617	

Quantity

UOM

PO Price

Class/Item

FY23 Funding EX/0 Legal Cite 2155.144; Client Purchase PO must not exceed \$10,000.00 PO Amount: \$4,000.00

Requisition 0000212223 Rate: \$115.00 per hour

Line-Sch

PO Service Dates: 11/10/2022-08/31/2023 no renewals

Inventory Item ID - Line Description

Client Services as needed: **Pharmacist Services**

Attached Terms and Conditions apply to this Purchase Order.

This purchase order is contingent upon the continued availability of lawful appropriations by the Texas Legislature and may be canceled at any time in whole or part without penalty. HHS or the agency does not commit to ordering specific quantities of goods and/or services or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those goods and/or services ordered and received by the agency. Any funds not utilized by 08/31/2023 are automatically canceled.

Vendor Contact: Joe Wachsmann Phone: 940-727-8896 Email: joewrph@gmail.com

For: Agency/Facility: HHSC/Mexia State Supported Living Center (MSSLC)

Facility Contract Manager: Laura Watson, CTCM Phone: 254-562-1141

Email: laura.watson@hhs.texas.gov

Facility Lead Contact: Ann Swartz

Phone: 254-562-1346 Email: ann.swartz@hhs.texas.gov

PCS Contact: Cindy Atchley, CTCD Phone: 432-263-9617

Email: cindy.atchley@hhs.texas.gov

Health and Human Services Commission

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Vendor:	7001639955 5 JOE WACHSMANN 1304 RADISSON DR HEWITT TX 766433974 United States			Bill To:	Invoice - DAD HEALTH & H 424 Mesquite I PO Box 1132 Mexia TX 766 United States	UMAN SERVICES COM Or	MMISSION
				Fax: Email:	254/562-1894 718Accounting	@hhs.texas.gov	
				Purchaser:	Atchley,Cindy	Jean 432	2/263-9617
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
	FY23 Pharmacist Service as needed; Req 212223	948-74	1.00	LOT	4000.00000	\$4,000.00	11/14/2022
				5	Schedule Total	\$4,000.00	
**PLEASE H	AVE VENDORS SEND INVOICES VIA	EMAIL TO 718	Accounting@		otal for Line 1	\$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.

Authorized By	
Cindy Otchley, CTCD	11/10/2022

Total PO Amount

\$4,000.00