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	HHSTX	(-3-0000305771
specification	by informal bid, Invitation for Offer, or Is, terms, and conditions set forth in the ac	lvertisement and vendor's	Date 11/29/22	Revision	Page 1
guarantees go requirements All shipmen	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.			6065 - Pollok:6844 N US Hwy 69 HEALTH & HUMAN SERVICES COMMISSION 6844 N US Hwy 69 PO Drawer 1648 Pollok TX 75969 United States	
Vendor:	1410948415 5 FASTENAL COMPANY PO BOX 1286 WINONA MN 55987-0978		Bill To:	Invoice - DADS HEALTH & HUMAN SERVI 424 Mesquite Dr PO Box 1132	CES COMMISSION

Fax: 254/562-1894

Email: 718Accounting@hhs.texas.gov

Mexia TX 76667

United States

Purchaser: Chavez, Rafael

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

FY23 NIGP

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

FREIGHT: F.O.B Destination Freight Prepaid Allowed

DELIVERY: 5 days After Receipt of PO

United States

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

Please call Agency Delivery Contact to schedule delivery 24 hours prior to arrival.

**PLEASE HAVE VENDORS SEND INVOICES VIA EMAIL TO 718Accounting@hhs.texas.gov **

DELIVERY CONTACT: Christi Grandgeorge 936-853-8308

Christi.grandgeorge@hhs.texas.gov

HHSC BUYER: Steven Chavez, CTCD, CTCM 512-712-5002

Rafael.chavez@hhs.texas.gov

VENDOR: Fastenal Company TJ Snyder 936-639-4551 tisnyder@fastenal.com

PURCHASING METHOD: CP-X

Procurement methods were evaluated, and the best value is provided using the TXMAS contract.

Txmas Contract: TXMAS-18-51V07 Term: 6/28/2018 - 6/30/2023

QUOTE: 41555

REQUIREMENTS/LIMITATIONS:

This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature.

Requisition # 0000213166

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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 11/29/22	Revision	Page 2
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Vendor:	1410948415 5 FASTENAL COMPANY PO BOX 1286 WINONA MN 55987-0978 United States		Bill To:	Invoice - DADS HEALTH & HUMAN SERVICES COMMI 424 Mesquite Dr PO Box 1132 Mexia TX 76667 United States	ISSION
			Fax: Email:	254/562-1894 718Accounting@hhs.texas.gov	

				Purcl	haser: Chavez,Rafael		
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
1-1	(Goods) Hoshizaki Ice Maker, Model #, 30; W x 24-1/4; D x 22-1/8; H, up to 498 lbs of ice produced per 24 hours, produces crescent shaped ice cubes, Durable stainless-steel exterior, EverCheck; alert system, CycleSaver; design	740-45	1.00	EA	4394.12000	\$4,394.12	12/05/2022
					Schedule Total	\$4,394.12	
					Item Total for Line 1	\$4,394.12	
2-1	(Goods) Hoshizaki Ice Maker, Model #KMD-410MAJ, Dimensions: 22-1/4; W x 24-1/8; D x 24; H, up to 418 lbs. of ice produced per 24 hours, produces crescent shaped ice cubes, Durable stainless-steel exterior	740-45	2.00	EA	3912.35000	\$7,824.70	12/05/2022
					Schedule Total	\$7,824.70	
					Item Total for Line 2	\$7,824.70	
					Total PO Amount	\$12,218.82	

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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				Fax: Email:	254/562-1894 718Accounting@hhs.texas.gov	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Ouantity	Purchaser: UOM	Chavez,Rafael PO Price Extended Amt Due Date	

Authorized By

Steven Chauz, CTCD, CTCM

11/29/2022