Health and Human Services Commission

Purchase Order

Dispatch via Print

Dormort T	Encipht Tormer	C1_1 X71			Dispatch via Print	
Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-3-000030609		
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.		Request for Proposal; all	Date 12/05/22	Revision	Pag	
		Ship To:	3137 - Tyler:3303 Mineola Hwy HEALTH & HUMAN SERVICES COMMISSION 3303 Mineola Hwy			
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.				PO Box 5200 Tyler TX 75702 United States		
WC 101 AU	741976051 1 YORKQUEST D11 E 53RD 1/2 ST USTIN TX 787511703 nited States		Bill To:	Invoice-HHSC; Region 04 Headqu HEALTH & HUMAN SERVICES COMMISS 302 E Rieck Rd Tyler TX 75703 United States		
			Fax: Email:	903 534 8487 paula.thurman@hh	sc.state.tx.us	
			Purchaser:	Connell,Ron Lee		
Line-Sch Invento	ory Item ID - Line Description	Class/Item Quantity	UOM	PO Price	Extended Amt Due Date	
SHIP TO ATTN : Ve Purchaser Name: R Phone #: 512-406-2 Email: Ron.Connell(056710 ernon Thomas i109 nas@hhs.texas.gov ernon Thomas, 903-509-5109 on Connell i666 @hhs.texas.gov kquest 1741976051 van i145	9, Vernon.Thomas@hhs.texas.	.gov			
	ot from CPA rules - In accorda	ance with Texas Government (Code, Title 7, Chapter	771, Interagency C	Cooperation Act.	
Goods and/or servic	es are to be delivered and in	voiced after September 1, 202	22.			
	r is contingent upon the contin time in whole or part without	penalty.	opriations by the Texa	-	Procurement Manual, and may	
Include PO Number (a) To receive paym The invoice should i (1) the contractor's r (2) the contractor's t (3) the name and tel (4) the state agency (5) the state agency	nent, a contractor must submi include, but is not limited to ir mailing and e-mail (if applicat telephone number;	bill lading, packing slips, and ba it an invoice to the State Ageno ncluding: ble) address; designated by the contractor to livery address; applicable;	cy receiving the goods		ç	

(6) the contract number or other reference number, if applicable;

Health and Human Services Commission

Purchase Order

		r ui	LIIASE	Order			
Payment Term	s Freight Terms	Ship Via				Dispa	atch via Prin
Vet 30	Prepaid & Allow	BEST WA		Purchase Order		HHSTX-3-0	000306098
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.			or's	Date 12/05/22	Revision		Pag
			order	Ship To:	3137 - Tyler:3303 Mineola Hwy HEALTH & HUMAN SERVICES COMMISSION 3303 Mineola Hwy PO Box 5200 Tyler TX 75702 United States		
/endor:	1741976051 1 WORKQUEST 1011 E 53RD 1/2 ST AUSTIN TX 787511703 United States			Bill To:	Invoice-HHSC; Region 04 Headqu HEALTH & HUMAN SERVICES COM 302 E Rieck Rd Tyler TX 75703 United States		MMISSION
				Fax: Email:	903 534 8487 paula.thurman@hhsc.state.tx.us		
ine-Sch Ir	nventory Item ID - Line Description	Class/Item	Ouantity	Purchaser: UOM	Connell,Ron Lee PO Price	Extended Amt	Due Date
nvoicing and F number, invoic o the BILL TO	vant information supporting and ex Payment: The invoice shall contain the date, and the total invoice amount ADDRESS ON PO. Payment term erly invoice which may delay paym	all the following in c at. Each invoice sha s are net thirty days	order to be all also have	considered for payme e an attached copy of	the bill in order to	be paid. Mail all c	original invoices
* ALL INVOIC	ES/CORRESPONDENCE MUST I	REFERENCE THE I	********	******	*****		
reight Terms	are FOB Destination Prepaid and	Allowed/Add.					
	are from 8:30-11:30 AM and 1:00-					the Warehouse is	closed.
	inder,1"Capacity,3 Ring,Vinyl iew,Green, Supp#-61573161108-4	615-09	72.00	EA	3.83000	\$275.76	12/26/2022
				Sche	dule Total	\$275.76	
				Item Total	for Line 1	\$275.76	
-1 B	inder,2" Capacity,3 Round Rings,	615-09	60.00	EA	4.98000	\$298.80	12/26/2022

60.00 EA

Binder,2" Capacity,3 Round Rings, Black, Supp#-61573173103-2

 Schedule Total
 \$298.80

 Item Total for Line 2
 \$298.80

\$298.80 12/26/2022

4.98000

3-1 Binder,2" Capacity,3 Round Rings, Green, Supp#-61573173103-4 615-09

Health and Human Services Commission

Purchase Order

						Dispa	tch via Print
Payment Te Net 30	erms Freight Terms Prepaid & Allow	Ship V BEST V		Purchase Order	HHSTX-3-0000306098		
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 12/05/22	Revision	Page 3		
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:	3137 - Tyler:3303 Mineola Hwy HEALTH & HUMAN SERVICES COMMISSION 3303 Mineola Hwy PO Box 5200 Tyler TX 75702 United States		
Vendor:	1741976051 1 WORKQUEST 1011 E 53RD 1/2 ST AUSTIN TX 787511703 United States			Bill To:	Invoice-HHSC; Region 04 Headqu HEALTH & HUMAN SERVICES COMMISSIO 302 E Rieck Rd Tyler TX 75703 United States		OMMISSION
				Fax: Email:	903 534 8487 paula.thurma		
				Purchaser:	Connell,Ron	n Lee	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
				Sche	dule Total	\$298.80	
				Item Total f	for Line 3	\$298.80	
				Total P	O Amount	\$873.36	

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

Reef.

<u>12/05/2022</u>