## **Health and Human Services Commission**

### **Purchase Order**

					Dispatch via Print	
Payment Te Net 30	erms Freight Terms Prepaid & Allow	<b>Ship Via</b> BEST WAY	Purchase Order		HHSTX-3-0000306134	
specification	by informal bid, Invitation for Offer, or R is, terms, and conditions set forth in the adv	vertisement and vendor's	Date 12/05/22	Revision Pag		
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:	5035 - Rusk:805 N Dickinson Dr HEALTH & HUMAN SERVICES COMMISSION 805 N Dickinson Dr PO Box 318 Rusk TX 75785 United States		
Vendor:	1390380010 3 JOHNSON CONTROLS INC PO BOX 730068 DALLAS TX 75373 <b>United States</b>		Bill To:	Bill To: Invoice-HHSC Accounting HEALTH & HUMAN SERVICI 4601 W Guadalupe St Austin TX 78751 United States		
			Fax: Email:	512/424-6901 HHSC_AP@hhs	sc.state.tx.us	
			Purchaser:	Farris,Lilly K	512/406-2452	
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantity	UOM	PO Price	Extended Amt Due Date	

#### FY23

Contractor shall electronically submit the Maintenance and Construction invoice packet to:

1) HHSC Maintenance and Construction assigned Project Manager (ODR) roberta.swischuk@hhs.texas.gov

2) With copy to HHSC Maintenance and Construction Invoice team: MC\_Invoices@hhsc.state.tx.us

The contractor shall submit invoice packets using the subject line: Invoice-Invoice Amount, Purchase Order #HHSTX-3-0000, MC Project 23-001-RSH, Invoice #, Month of service.

FREIGHT: F.O.B Destination Freight Prepaid and Allowed

DELIVERY: 30 days After Receipt of PO

**QUOTE** Dated

AGENCY DELIVERY CONTACT: Name: Edward Thornton Facility: Rusk State Hospital Phone: 903-683-7570 Email: edward.thornton@hhs.texas.gov

HHSC BUYER: Name: Lilly Farris CTCD Phone: 512-406-2452 Email: lilly.farris@hhs.texas.gov

VENDOR: Name: Johnson Controls Building Solutions, North American Contact: Ryan Coco Phone: 903-407-8311 Email: ryan.coco@jci.com

SOURCEWELL GPO and HHS Contract HHS000789700001

SOURCEWELL GPO HHS MEMBERSHIP ID 167184

SOURCEWELL GPO and Supplier Name Johnson Controls Inc Contract #R200402

# **Health and Human Services Commission**

## **Purchase Order**

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				Fax: Email:	512/424-6901 HHSC_AP@hh	sc.state.tx.us	
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	Inventory Item ID - Line Description	Class/Item	Quantity	Purchaser: UOM	Farris,Lilly K PO Price	5 Extended Amt	12/406-2452 Due Date
PURCHAS Purchase r Requisition Quote #1-1 Quote #1-1 Quote #1-1	ING METHOD: EX-0 nade under the Authority of Texas Gover # HHSTX-3-0000212703 KM41JBL attached from Johnson Contro KKXWS94 attached from Johnson Contro KL4MKKR attached from Johnson Contro 23-001-RSH HVAC Unit Replacement ¿	rnment Code 2 <sup>-</sup> ols for \$16,388. rols for \$11,807	.44 7.96	UOM Health Care Purchasi	PO Price	Extended Amt	Due Date
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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 Lilly Famia, CTCD

<u>12/06/2022</u>

**Dispatch via Print**