Health and Human Services Commission

Purchase Order

Payment Terms	Freight Terms	Ship Via					tch via Prir
Net 30	Prepaid & Allow	BEST WAY		Purchase Order	ŀ	<u> HSTX-3-00</u>	
specifications, terms	rmal bid, Invitation for Offer, or Req , and conditions set forth in the adver	rtisement and vendor's		Date 12/15/22	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.			er	Ship To:	5009 - Vernon:4730 College Dr HEALTH & HUMAN SERVICES COMMISSION 4730 College Dr PO Box 2231 Vernon TX 76385 United States		
			ntified				
Vendor: 1751287191 8 METRO GOLF CARS INC 4063 SOUTH FWY FORT WORTH TX 76110635 United States				ВіШ То:	Terrell SH Whse HEALTH & HUMAN SERVICES COMMISS 1200 E Brin PO Box 70 Terrell TX 75160 United States		OMMISSION
				Email:	DSHS.TSHBusines	sOffice@dshs.texa	s.gov
				Purchaser:	Farris,Lilly K	51	2/406-2452
Line-Sch Inven	tory Item ID - Line Description	Class/Item Qu	antity	UOM	PO Price	Extended Amt	Due Date
DELIVERY: 45 da QUOTE DATE: 11 AGENCY DELIVE Name: Carri Baker	as State Hospital, Vernon Campu	bital, Vernon Campu	IS				
Email: carri.baker HHSC PURCHAS Name: Lilly Farris Phone: 512-406-2 Email: lilly.farris@l	⊉hhs.texas.gov ER: CTCD 452						
VENDOR: Name: Metro Golf Attn: Mike Petrovic Phone:682-429-90 Phone: michael@r	h						
Name: Metro Golf Attn: Mike Petrovic Phone:682-429-90 Phone: michael@r	:h 25)1					
Name: Metro Golf Attn: Mike Petrovic Phone:682-429-90 Phone: michael@r OMNIA GPO and	h 25 netrogolfcars.com)1					

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2.00 UNT

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Health and Human Services Commission

Purchase Order

					Dispa	tch via Print
Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order		HHSTX-3-00	000306783
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 12/15/22	Revision		Page 2
guarantees goods requirements. All shipments, s	onses become a part of this numbered part s or services delivered meet or exceed n hipping papers, invoices, and corresp ase Order Number.	Ship To:	5009 - Vernon:4730 College Dr HEALTH & HUMAN SERVICES COMMISSI 4730 College Dr PO Box 2231 Vernon TX 76385 United States			
	1751287191 8 METRO GOLF CARS INC 4063 SOUTH FWY FORT WORTH TX 761106353 United States		Bill To:	Terrell SH Whse HEALTH & HUMAN SERVICES CO 1200 E Brin PO Box 70 Terrell TX 75160 United States		OMMISSION
			Email:	DSHS.TSHBusinessOffice@dshs.texas.gov		
			Purchaser:	Farris,Lilly K	51	2/406-2452
Line-Sch In	ventory Item ID - Line Description	Class/Item Quantity	UOM	PO Price	Extended Amt	Due Date
	ase Unit with roof top, fold down ndshield and weather enclosure					
			Sche	Schedule Total \$28,736.40		
			Item Total	Item Total for Line 1 \$28,736.40		
			Total PO Amount \$28,736.40			

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>12/15/2022</u>