

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-3-0000307577
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.			Date 01/02/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 1
			Ship To: 4547 - Wichita Falls:6515 Kemp Blv HEALTH & HUMAN SERVICES COMMISSION 6515 Kemp Blvd PO Box 300 Wichita Falls TX 76308 United States

Vendor: 1473530289 6
WD FENCING LLC
1310 ECHO LN
WICHITA FALLS TX 763023526
United States

Bill To: Maintenance
HEALTH & HUMAN SERVICES COMMISSION
6515 Kemp Blvd
PO Box 300
Wichita Falls TX 76308
United States

Email: Allyson.Cruz@hhs.texas.gov

Purchaser: Lyncook,Shawn Patrick 512/406-2685

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY23 funding
OM/Q - Phone bid - Texas Government Code 2156.063.
Requisition 214072
PO Service Dates: 1/02/2023 to 08/31/2023

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/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
First and Last Name: Dillon Proctor
Phone number: 940-733-5575
Email address: dillonprecision@gmail.com

Agency contact
First and Last Name: Deborah Givens
Phone number: 940-689-5357
Email address: Deborah.Givens@hhs.texas.gov
Facility: North Texas State Hospital, 6515 Kemp Wichita Falls, Texas 76308

SME Information Billing Address:
First and Last Name:: Allyson Cruz, Administrative Assistant II
Phone number: (940) 689-5351
Email address:allyson.cruz@hhs.texas.gov

PCS contact
Shawn 'Patrick' LynCook
512-406-2685
shawn.lyncook@hhs.texas.gov

1-1	F3E010-NTSH-WF-FY23-F2200 - Bldg. 527 Fencing	988-15	1.00	JOB	14340.00000	\$14,340.00	01/02/2023
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Schedule Total \$14,340.00

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All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 2
		Ship To:	4547 - Wichita Falls:6515 Kemp Blv HEALTH & HUMAN SERVICES COMMISSION 6515 Kemp Blvd PO Box 300 Wichita Falls TX 76308 United States

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Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
Item Total for Line 1							\$14,340.00
Total PO Amount							\$14,340.00

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



01/02/2023