Health and Human Services Commission

Purchase Order

Dispatch via Print

Dowmont To	erms Freight Terms	Shin Via			Dispatch via Frint	
Payment Te Net 30	Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHST	X-3-0000307909	
specification	by informal bid, Invitation for Offer, or Re is, terms, and conditions set forth in the adv	ertisement and vendor's	Date 01/06/23	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:	6484 - Mexia:424 Mesquite Dr HEALTH & HUMAN SERVICES COMMISSION 424 Mesquite Dr PO Box 1132 Mexia TX 76667 United States		
Vendor:	1900999880 8 SOUTH CENTRAL SUPPLY LLC 828 BETTERMAN DR PFLUGERVILLE TX 786605117 United States		Bill To:	Invoice - DADS HEALTH & HUMAN SERV 424 Mesquite Dr PO Box 1132 Mexia TX 76667 United States	VICES COMMISSION	
			Fax: Email:	254/562-1894 718Accounting@hhs.texas.gov		
			Purchaser:	Prince,Sheana Denea	512/406-2548	
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantity	UOM	PO Price Extend	ded Amt Due Date	

FY23 Funding IT/D Requisition: 206356

Quote #: Q15074

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.

Purchase order issued in accordance with Texas Government Code §2157.068. Attached Terms and Conditions apply to this Purchase Order.

Vendor Contact: South Central Supply Customer Service/Sales (512) 367-0311 sales@supplytexas.com

Agency Contact: Shannon Easterling (254) 562-1212 Shannon.Easterling@hhs.texas.gov

Purchaser: Sheana Prince, CTCD (512) 406-2548 Sheana.Prince@hhs.texas.gov

Invoicing and Payment: The invoice shall contain all the following order to be considered for payment: PO number referenced, a unique invoice number, invoice date, and the total invoice amount. Each invoice shall also have an attached copy of the bill in order to be paid. Mail all original invoices to the BILL TO ADDRESS ON PO. Payment terms are net thirty days (30) unless a discount has been offered. Facility is not responsible for failure by the vendor to properly invoice which may delay payment processing.

Deliver to SHIP TO ADDRESS ON PO Please include PO NUMBERS ON PACKING SLIPS, CARTONS, PACKAGES, BUNDLES, ETC.

Freight Terms are FOB Destination Prepaid and Allowed/Add.

Delivery Hours: 8:00-11:30 AM and 1:00-4:30 PM Monday thru Friday except designated State Holidays when the Warehouse is closed

Health and Human Services Commission

Purchase Order

Dispatch via Print Payment Terms Freight Terms Ship Via HHSTX-3-0000307909 Net 30 Prepaid & Allow BEST WAY **Purchase Order** If advertised by informal bid, Invitation for Offer, or Request for Proposal; all Date Revision Page specifications, terms, and conditions set forth in the advertisement and vendor's 01/06/23 2 conforming responses become a part of this numbered purchase order. Contractor Ship To: 6484 - Mexia:424 Mesquite Dr guarantees goods or services delivered meet or exceed numbered purchase order HEALTH & HUMAN SERVICES COMMISSION requirements. 424 Mesquite Dr All shipments, shipping papers, invoices, and correspondence must be identified PO Box 1132 with our Purchase Order Number. Mexia TX 76667 United States 19009998808 Bill To: Invoice - DADS Vendor: SOUTH CENTRAL SUPPLY LLC HEALTH & HUMAN SERVICES COMMISSION 828 BETTERMAN DR 424 Mesquite Dr PFLUGERVILLE TX 786605117 PO Box 1132 **United States** Mexia TX 76667 United States Fax: 254/562-1894 Email: 718Accounting@hhs.texas.gov **Purchaser:** Prince, Sheana Denea 512/406-2548 Line-Sch **Inventory Item ID - Line Description** Class/Item Quantity UOM PO Price Extended Amt Due Date 840-38 20.00 279,98000 1-1 EA \$5.599.60 01/23/2023 Sceptre 50" Class 4K UHD LED TV B073X6SDF3 Mfr # U515CV-U Schedule Total \$5,599.60 Item Total for Line 1 \$5,599.60 10.00 EA 840-58 32,99000 \$329.90 01/23/2023 2 - 1USX MOUNT Full Motion TV Mount, Swivel Articulating Tilt TV Wall Mount for 26-55" LED, OLED, 4K TVs, TV Bracket Wall Mount with VESA 400x400mm Up to 60lbs. Perfect Center Design XMM006-1 # B07CXORMLO Mfr # XMM006 Schedule Total \$329.90 \$329.90 Item Total for Line 2 \$5,929.50 **Total PO Amount**

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.

Health and Human Services Commission

Purchase Order

						Disp	oatch via Print	
Payment Tern Net 30	ns Freight Terms Prepaid & Allow	Ship Vi BEST V		Purchase Order		HHSTX-3-	0000307909	
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 01/06/23	Revision			
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:	6484 - Mexia:424 Mesquite Dr HEALTH & HUMAN SERVICES COMMISSI 424 Mesquite Dr PO Box 1132 Mexia TX 76667 United States				
Vendor:	19009999880 8 SOUTH CENTRAL SUPPLY LLC 828 BETTERMAN DR PFLUGERVILLE TX 786605117 United States		Bill To:	Invoice - DADS HEALTH & HUMAN SERVICES COMM 424 Mesquite Dr PO Box 1132 Mexia TX 76667 United States		COMMISSION		
				Fax: Email:	254/562-1894 718Accounting@hhs.texas.gov			
				Purchaser:	Prince,Sheana D		512/406-2548	
Line-Sch I	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended An	nt Due Date	

Authorized By Sheana Prince <u>01/09/2023</u>