Health and Human Services Commission

Purchase Order

Dispatch via Print

	ms Freight Terms	Ship Via	Dunch and Order	ш	HSTX-3-0000308061
Net 30 Prepaid & Allow BEST WAY 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.			Purchase Order Date 01/10/23	Revision	Page 1
			Ship To: d	Ship To: 6689 - Brenham:4001 S Hwy 36 HEALTH & HUMAN SERVICES COMMI 4001 S Hwy 36 Brenham TX 77833 United States	
Vendor:	1900999880 8 SOUTH CENTRAL SUPPLY LLC 828 BETTERMAN DR PFLUGERVILLE TX 786605117 United States		Bill To:	Invoice - DADS HEALTH & HUMAN SERVICES COMMISSION 4001 Highway 36 South Brenham TX 77833 United States	
			Fax: Email:	979/277-1865 712Accounting@hhs.	.texas.gov
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantit	Purchaser:	Mills,George M PO Price	Extended Amt Due Date

SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO.

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

DELIVERY: Days After Receipt of PO

DELIVERY: Delivery hours are from 8:00-11:30 AM and 1:00-4:30 PM Monday - Friday except designated State Holidays when the Warehouse is closed.

Please call Agency Delivery Contact to schedule delivery 24 hours prior to arrival.

Please follow the Texas Comptroller's Invoicing standards as seen below.

Include PO Number on invoices, bills, receipts, bill lading, packing slips, and back order.

(a) To receive payment, a contractor must submit an invoice to the State Agency receiving the goods or services.

The invoice should include, but is not limited to including:

(1) the contractor's mailing and e-mail (if applicable) address.

(2) the contractor's telephone number.

(3) the name and telephone number of a person designated by the contractor to answer questions regarding the invoice.

(4) the state agency's name, agency number, delivery address.

(5) the state agency's purchase order number, if applicable.

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

(7) a valid Texas identification number (TIN) issued by the Comptroller.

(8) a description of the goods or services, in sufficient detail to identify the order which relates to the invoice.

(9) unit numbers corresponding to the amount of the invoice.

(10) if submitting an invoice after receiving an assignment of a contract, the TIN of the original contractor and the TIN of the successor vendor.

(11) other relevant information supporting and explaining the payment requested.

Warehouse: Please deliver to bldg. 800

AGENCY CONTACT: POC/SME Contact: Gonzalez, Faith G Lead Email: Faith.Gonzalez@hhs.texas.gov Lead Phone: 979-277-1524

Contract Specialist Contract phone Contract email

Ship to Attn: Gonzalez, Faith G Email: Faith.Gonzalez@hhs.texas.gov Phone: 979-277-1524

Health and Human Services Commission

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				Fax: Email:	979/277-1865 712Accounting@h	hs.texas.gov	
				Purchaser:	Mills,George M		
Line-Sch Inv	ventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
email George.M VENDOR: Vendor Name S 828 Betterman I Pflugerville Text United States sales@supplyte (512) 367 0311	ease deliver to TCD, Ph 512-406-2651, Fax 512-40 lills@hhs.texas.gov SOUTH CENTRAL SUPPLY LLC Drive as 78660 exas.com VENDORS SEND INVOICES VIA		counting@	hhs.texas.gov			
	METHOD: SP/E						
REQUIREMEN	TS/LIMITATIONS:	ty of lawful approp	riations bv	the Texas Legislature	e. FY2023 fundina.		
	AC §20.487, amended effective Ma		,	č	5		
Requisition 000							
Car	C34CW135 Cambro PC34CW mwear 1 Liter Self-Service Stackable cher with Lid	240-14	60.00	EA	4.99000	\$299.40	01/16/2023

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Vendor:	1900999880 8 SOUTH CENTRAL SUPPLY LLC 828 BETTERMAN DR PFLUGERVILLE TX 786605117 United States			Bill To:		& HUMAN SERVICES CO way 36 South YX 77833	DMMISSION	
				Fax: Email:	979/277-18 712Accour	365 hting@hhs.texas.gov		
				Purchaser:	Mills,Geor	0		
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date	
					Schedule Total	\$299.40		
				Item	Total for Line 1	\$299.40		
2-1	#214PC64CW Cambro PC64CW 64 oz. Customizable Covered Plastic Pitcher	240-14	70.00	EA	10.99000	\$769.30	01/16/2023	
					Schedule Total	\$769.30		
				Item	Total for Line 2	\$769.30		
				Т	otal PO Amount	\$1,068.70		

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	
Les Me CTCA	01/10/2023