## **Health and Human Services Commission**

# **Purchase Order**

**Dispatch via Print** 

Payment Terms	Freight Terms	Ship Via			TV 0 000000001
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHS	STX-3-0000308081
specifications, terms conforming response guarantees goods or requirements.	rmal bid, Invitation for Offer, or and conditions set forth in the acts become a part of this numbered services delivered meet or exceed ping papers, invoices, and correction of the Number.	dvertisement and vendor's I purchase order. Contractor I numbered purchase order	Date 01/11/23 Ship To:	Revision  3137 - Tyler:3303 Mined HEALTH & HUMAN SI 3303 Mineola Hwy PO Box 5200 Tyler TX 75702 United States	Page 1 ola Hwy ERVICES COMMISSION
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Vendor: 1900999880 8

SOUTH CENTRAL SUPPLY LLC 828 BETTERMAN DR PFLUGERVILLE TX 786605117

**United States** 

Bill To: Invoice-HHSC; Region 04 Headqu

HEALTH & HUMAN SERVICES COMMISSION

302 E Rieck Rd Tyler TX 75703 United States

**Fax:** 903 534 8487

Email: paula.thurman@hhsc.state.tx.us

Purchaser: Connell,Ron Lee

Line-Sch Inventory Item ID - Line Description Class/Item Quantity UOM PO Price Extended Amt Due Date

FY23 General Goods

Spot Purchase Open Market

SP/E

Requisition #: HHSTX-3-0000215932

Requester: Vernon Thomas Phone #: 903-509-5109

Email: Vernon.Thomas@hhs.texas.gov

SHIP TO ATTN: Vernon Thomas, 903-509-5109, Vernon. Thomas@hhs.texas.gov

Purchaser Name: Ron Connell Phone #: 512-406-2666

Email: ron.connell@hhs.texas.gov

Vendor Name: SOUTH CENTRAL SUPPLY LLC

Contact: Joe Martinez Phone #: 512-367-0311 Email: sales@supplytexas.com

Goods and/or services are to be delivered and invoiced after September 1, 2022.

This purchase order is contingent upon the continued availability of lawful appropriations by the Texas Legislature CPA Procurement Manual, and may be cancelled at any time in whole or part without penalty.

#### Quote # Q15393

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.

## **Health and Human Services Commission**

## **Purchase Order**

Dispatch via Print

Payment Te Net 30	rms Freight Terms Prepaid & Allow	Ship V BEST V		Purchase Order		HHSTX-3-00	00308081	
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 01/11/23	Revision P			
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:	Ship To:  3137 - Tyler:3303 Mineola Hwy HEALTH & HUMAN SERVICES COM 3303 Mineola Hwy PO Box 5200 Tyler TX 75702 United States				
Vendor:	1900999880 8 SOUTH CENTRAL SUPPLY LLC 828 BETTERMAN DR PFLUGERVILLE TX 786605117 <b>United States</b>		Bill To:	Invoice-HHSC; Region 04 Headqu HEALTH & HUMAN SERVICES COMMIS 302 E Rieck Rd Tyler TX 75703 United States		MMISSION		
				Fax: Email:	903 534 8487 paula.thurman@	hhsc.state.tx.us		
Line-Sch				Purchaser:	Connell,Ron L			
	Inventory Item ID - Line Description	Class/Item	Ouantity	UOM	PO Price	Extended Amt	Due Date	

Invoicing and Payment: The invoice shall contain all the following in 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.

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	
Reef.	01/11/2023