

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-3-0000308270
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 01/12/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 5998 - Richmond:2100 Preston HEALTH & HUMAN SERVICES COMMISSION 2100 Preston Richmond TX 77469 United States
			Page 1

Vendor: 1382471219 7
RODZINA INDUSTRIES INC
3518 FENTON RD
FLINT MI 485071567
United States

Bill To: Invoice - DADS
HEALTH & HUMAN SERVICES COMMISSION
4001 Highway 36 South
Brenham TX 77833
United States

Fax: 979/277-1865
Email: 712Accounting@hhs.texas.gov

Purchaser: Evans,Jocelynn

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY23 General Goods
Spot Purchase
SP/E

Requisition #: 0000214797

BLDG/FLOOR/CUBICLE: BUILDING: ADMINISTRATION 501/RM 108

Ship attention to: DIANA DOCKAL

Lead Contact: DIANA DOCKAL
Lead Email: DIANA.DOCKAL@HHS.TEXAS.GOV
Lead Phone: 281-344-4277

Purchaser Information:
Name: Jocelynn Evans
Phone #512-776-6233
Email Address: jocelynn.evans@hhs.texas.gov

Vendor Contact:
Robert Cross
Ph: 810-235-2341
Fx: 810-235-3919
Email:rodzinaind@aol.com
Rodzina Industries, Inc
VID: 1382471219
3518 Fenton Rd, Flint, MI 48507

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.

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.

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

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1-1	Customized Self-Inking Address Stamp #4915 with Facility Name & Address (See example); Black ink	615-77	1.00	EA	10.95000	\$10.95	01/26/2023
Schedule Total						\$10.95	
Item Total for Line 1						\$10.95	
2-1	Shipping & Handling	962-86	1.00	LOT	5.00000	\$5.00	01/26/2023
Schedule Total						\$5.00	
Item Total for Line 2						\$5.00	
Total PO Amount						\$15.95	

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

Jocelynn Evans, CTCD

01/19/2023