

# Health and Human Services Commission

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> Prepaid & Allow	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>HHSTX-3-0000308651</b>
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.			<b>Date</b> 01/20/23
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> <b>Page</b> 1
		<b>Ship To:</b>	6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States

**Vendor:** 1742262229 4  
PERRY OFFICE PRODUCTS INC  
PO BOX 1200  
TEMPLE TX 765031200  
United States

**Bill To:** Invoice-HHSC Accounting  
HEALTH & HUMAN SERVICES COMMISSION  
4601 W Guadalupe St  
Austin TX 78751  
United States

**Fax:** 512/424-6901  
**Email:** HHSC\_AP@hhsc.state.tx.us

**Purchaser:** Manor,Darryl Dwayne 512/406-2475

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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**BILL TO:**  
Sheila Craig  
Health Human Services  
4601 W. Guadalupe Street  
Suite 2.100  
Austin, TX 78751

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

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

DELIVERY: 15 Days After Receipt of PO

Delivery hours are from 8:00-11:30 AM and 1:00-4:30 PM Monday Friday except designated State Holidays

SHIP ATTENTION TO AGENCY CONTACT:  
Sheila Craig  
Health Human Services  
4601 W. Guadalupe Street  
Suite 2.100  
Austin, TX 78751

Erica D. Baker  
PH: 512-810-6518  
erica.baker@hhs.texas.gov

HHSC BUYER:  
Darryl Manor, Purchaser CTCD  
Temp Cell: 512-853-0576 Phone: (512) 406-2475  
E-Mail Address: darryl.manor@hhs.texas.gov

VENDOR:  
Perry Office Products Inc.  
Adam Dolan  
Ph: 512-763-8800  
E-Mail: adamd@perryop.com

QUOTE #: SO1507006

PURCHASING METHOD: SP/E

REQUIREMENTS/LIMITATIONS:

# Health and Human Services Commission

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This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature. FY2023 funding.

Invoice per 34 TAC §20.487, amended effective May 1, 2022

Requisition: 0000215371

1-1	Communication Action Poverty Simulation Kit	578-30	1.00	EA	5000.00000	\$5,000.00	02/06/2023
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**Schedule Total**                     \$5,000.00

Please remit payment to:

Missouri Community Action Network  
3337 Emerald Lane  
Jefferson City, MO 65109

**Item Total for Line 1**                     \$5,000.00

**Total PO Amount** \$5,000.00

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.

<b>Authorized By</b>  <i>Darrin Mann CTP</i>	<b>01/30/2023</b>
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