## **Health and Human Services Commission**

## **Purchase Order**

**Dispatch via Print** 

Payment Ter	8	Ship Via			UICTY 2 222222222	
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	H	IHSTX-3-0000308672	
specifications	by informal bid, Invitation for Offer, or R s, terms, and conditions set forth in the ad	vertisement and vendor's	<b>Date</b> 01/20/23	Revision	Page 1	
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:	5070 - Harlingen:1401 S Rangervill DEPARTMENT OF STATE HEALTH SERVICES 1401 S Rangerville Rd PO Box 2668 Harlingen TX 78552 United States		
Vendor:	1270077967 6 DREAM RANCH LLC ATTN: SHERI DEWET 11614 JIM CHRISTAL RD		Bill To:	Invoice-DSHS Acco HEALTH & HUMA 6711 S New Braunfe Ste 100	AN SERVICES COMMISSION	

Fax: 210/531-7883

Email: SAHAccounting@dshs.texas.gov

United States

San Antonio TX 78223

Purchaser: Alvarado, Veronica

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

FY23 Purchase / Requisition #: 0000216468

KRUM TX 762497027

**United States** 

Procurement Type: SP/E Not to Exceed \$1,390.00

Shipping Instructions: Ship according to the DUE DATES specified on the PO.

Freight: F.O.B Destination Freight Prepaid Allowed

Delivery: 10 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

Invoices to be emailed to SAHAccounting@dshs.texas.gov

Quote #: 9952

PACKING LIST REQUIRED TO SHOW PO NUMBER AND ATTN CONTACT INFO

Agency Contact: Adriana Gudino @ 956-364-8724 adriana.gudino@hhs.texas.gov

Deliver to: Joel Juarez, Building 508, 956-364-8474

Purchaser:

Veronica Alvarado @ 512-406-2505 Veronica.Alvarado@hhs.texas.gov

Vendor Information: Dream Ranch Sheri De Wet @ 972-668-3190 sheri@dreamranchtx.com

Requirement / Limitations:

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

1-1 485-70 10.00 EA 139.00000 \$1,390.00 02/03/2023

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Revision

Total PO Amount

Date

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BEST WAY

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specifications, terms, and conditions set forth in the advertiseme		ertisement and veno	ent and vendor's	01/20/23	Kevision		2
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				Fax: Email:	210/531-7883 SAHAccounting	@dshs.texas.gov	
				Purchaser:	Alvarado,Veror	nica	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	<b>Due Date</b>
	- BLUE WEDGE MOP HEAD						
					Schedule Total	\$1,390.00	
				Item T	otal for Line 1	\$1,390.00	

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.

**Payment Terms** 

Net 30

Freight Terms

Prepaid & Allow

If advertised by informal bid, Invitation for Offer, or Request for Proposal; all

Authorized By

Ourice Author

01/20/2023