Health and Human Services Commission

Purchase Order

Dispatch via Print

| Payment Terms | Freight Terms | Ship Via | Burchasa Ondan | L | HSTX-3-0000308725 | |
|--|---------------|----------|------------------------------|--|-------------------|--|
| 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 01/23/23 | Revision | Page 1 | |
| | | | Ship To: | 4551 - Austin:4301 N Lamar Blvd HEALTH & HUMAN SERVICES COMMISSION 4301 N Lamar Blvd Austin TX 78751 United States | | |
| | | | | | | |
| | | | | | | |

Vendor: 19009998808

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: 979/277-1865

712Accounting@hhs.texas.gov **Email:**

Connell, Ron Lee Purchaser:

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

FY23 General Goods

Spot Purchase Open Market SP/E

Requisition #: HHSTX-3-0000214824

Requester: Gabriele Dangerfield

Phone #: 512-419-2663

Email: Gabriele.Dangerfield@hhs.texas.gov

SHIP TO ATTN: Gabriele Dangerfield, 512-419-2663, Gabriele.Dangerfield@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 # Q15000, Q15082

Warehouse: Please deliver to bldg. 800

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.

1-1 605-30 1.00 EA 195.00000 \$195.00 01/30/2023

Health and Human Services Commission

Purchase Order

Dispatch via Print

| Payment To Net 30 | erms Freight Terms Prepaid & Allow | Ship V BEST | | Purchase Ord | er | HHSTX-3-00 | 00308725 |
|---|--|----------------|----------|------------------|---|-------------------------------|---------------|
| 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 01/23/23 | Revision | | Page 2 |
| guarantees g requirement All shipmen | responses become a part of this numbered p goods or services delivered meet or exceed n s. nts, shipping papers, invoices, and corresp archase Order Number. | umbered purcha | se order | Ship To: | | | MMISSION |
| Vendor: | 1900999880 8 SOUTH CENTRAL SUPPLY LLC 828 BETTERMAN DR PFLUGERVILLE TX 786605117 United States | | | Bill To: | Invoice - DAD HEALTH & H 4001 Highway Brenham TX 7' United States | UMAN SERVICES COI 36 South | MMISSION |
| | | | | Fax: Email: | 979/277-1865 712Accounting | @hhs.texas.gov | |
| | | | | Purchaser: | Connell,Ron L | _ee | |
| Line-Sch | Inventory Item ID - Line Description | Class/Item | Quantity | UOM | PO Price | Extended Amt | Due Date |
| | | | | Se | chedule Total | \$195.00 | |
| | | | | Item Tot | tal for Line 1 | \$195.00 | |
| 2-1 | #50012W, White Poly Paper Cups, 12 oz, 1000 per case. | 640-60 | 4.00 | CS | 79.99000 | \$319.96 | 01/30/2023 |
| | | | | Se | chedule Total | \$319.96 | |
| | | | | Item Tot | tal for Line 2 | \$319.96 | |
| | | | | Tota | l PO Amount | \$514.96 | |

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. | 01/23/2023 |