Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Te Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHS	TX-3-0000308742
specification	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			Revision	Page 1
guarantees grequirements All shipmen	responses become a part of this numbered oods or services delivered meet or exceed s. ts, shipping papers, invoices, and corre rchase Order Number.	numbered purchase order	Ship To: 5035 - Rusk:805 N Dickinson Dr HEALTH & HUMAN SERVICES COM 805 N Dickinson Dr PO Box 318 Rusk TX 75785 United States		
Vendor:	1263718834 8 BULLCHASE INC 201 S LAKELINE BLVD STE 503 CEDAR PARK TX 786132741 United States		Bill To:	Invoice - DADS HEALTH & HUMAN SE 424 Mesquite Dr PO Box 1132 Mexia TX 76667 United States	RVICES COMMISSION

Fax: 254/562-1894

Email: 718Accounting@hhs.texas.gov

Purchaser: Maldonado, Daniel Ray

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

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

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

DELIVERY: 21 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

AGENCY CONTACT: Toni Booker 903-683-7571

toni.booker@hhs.texas.gov

Ship to Attn: Carrie Todd Building 523

HHSC BUYER: Daniel Maldonado, CTCD 512-406-2649

Daniel.Maldonado01@hhs.texas.gov

VENDOR: Bullchase

Service@bullchase.com

PURCHASING METHOD: CP/X

Procurement methods were evaluated, and the best value is provided using the TXMAS contract.

Txmas Contract: TXMAS-18-51V06

Term: Today until 8/31/23 Smartbuy PO: 23081197

REQUIREMENTS/LIMITATIONS:

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 # 0000216383

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Fax: 254/562-1894

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				Purc	haser: Maldonad	o,Daniel Ray	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
1-1	All Purpose Cleaner/Degreaser 1 gal PK4 Fabuloso Professional Supplier Part Number: 2NDR8 Manufacturer Part #: US05253A	485-18	6.00	PCK	92.37000	\$554.22	01/24/2023
					Schedule Total	\$554.22	
					Item Total for Line 1	\$554.22	
2-1	Toilet Seat Cover 250 White PK20 Supplier Part Number: 2VEX6	670-55	6.00	PCK	92.15000	\$552.90	01/24/2023
					Schedule Total	\$552.90	
					Item Total for Line 2	\$552.90	
3-1	Cube Truck MDPE Red 11.9 cu ft. Supplier Part Number: 36FL16	560-69	4.00	EA	382.34000	\$1,529.36	01/24/2023
					Schedule Total	\$1,529.36	
					Item Total for Line 3	\$1,529.36	
					Total PO Amount	\$2,636.48	

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.

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Payment Terms Net 30 Prepaid & Allow If advertised by informal bid, Invitation for Offer, or Rec specifications, terms, and conditions set forth in the adve			Purchase Order Date 01/23/23	HHSTX-3-0000308742 Revision Page
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. Vendor: 1263718834 8 BULLCHASE INC			Ship To:	5035 - Rusk:805 N Dickinson Dr HEALTH & HUMAN SERVICES COMMISSION 805 N Dickinson Dr PO Box 318 Rusk TX 75785 United States Invoice - DADS HEALTH & HUMAN SERVICES COMMISSION
	201 S LAKELINE BLVD STE 503 CEDAR PARK TX 786132741 United States		Fax: Email:	424 Mesquite Dr PO Box 1132 Mexia TX 76667 United States 254/562-1894 718Accounting@hhs.texas.gov
			Purchaser:	Maldonado,Daniel Ray

Quantity

Class/Item

Line-Sch

Inventory Item ID - Line Description

Authorized By

Daniel Maldonado

UOM

Digitally signed by Daniel Maldonado Date: 2023.01.23 09:48 35 -06'00'

PO Price

01/23/2023

Extended Amt Due Date