### **Health and Human Services Commission**

#### **Purchase Order**

Dispatch via Print

Payment Te	8	Ship Via			
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSTX-3-000030888 <sup>2</sup>	
	by informal bid, Invitation for Offer, or Re		Date	Revision Pag	
	is, terms, and conditions set forth in the adv		01/26/23		
guarantees	responses become a part of this numbered p oods or services delivered meet or exceed r s. ats, shipping papers, invoices, and corresj rchase Order Number.	umbered purchase order	Ship To:	3137 - Tyler:3303 Mineola Hwy HEALTH & HUMAN SERVICES COMMISSION 3303 Mineola Hwy PO Box 5200 Tyler TX 75702 United States	
Vendor:	1263718834 8 BULLCHASE INC 201 S LAKELINE BLVD STE 503 CEDAR PARK TX 786132741 <b>United States</b>		Bill To:	Invoice-HHSC; Region 04 Headqu HEALTH & HUMAN SERVICES COMMISSION 302 E Rieck Rd Tyler TX 75703 United States	
			Fax: Email:	903 534 8487 paula.thurman@hhsc.state.tx.us	
			Purchaser:	Mcmurtray, Nicole	
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantity	y 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: 7 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: Vernon Thomas 903-509-5109 Vernon.Thomas@hhs.texas.gov

SUPER USER: Esperanza.McMeans@hhs.texas.gov / 903-509-513

Purchaser Information: Name: Nikki McMurtray CTCD, CTCM Phone #512-776-6190 Email Address: Nikki.McMurtray@hhs.texas.gov

Vendor Name: Bullchase VID: 1263718834 3000 Polar Lane, Suite 703 Cedar Park, Texas 78613 Email: service@bullchase.com

PURCHASING METHOD: CP/X

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

Smartbuy Purchase Order: 23084226

Txmas Contract: TXMAS-18-51V06 Term:Start Date7/1/2018 End Date 6/30/2023

**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

# Health and Human Services Commission

## **Purchase Order**

**Dispatch via Print** 

Payment Terr Net 30	ns Freight Terms Prepaid & Allow	<b>Ship Via</b> BEST WAY		Purchase Order		HHSTX-3-0	000308881	
specifications,	y informal bid, Invitation for Offer, or Rea terms, and conditions set forth in the adve	ertisement and vendor's		Date 01/26/23	Revision		Page 2	
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:	3137 - Tyler:3303 Mineola Hwy HEALTH & HUMAN SERVICES COMMISSION 3303 Mineola Hwy PO Box 5200 Tyler TX 75702 United States			
Vendor:	1263718834 8 BULLCHASE INC 201 S LAKELINE BLVD STE 503 CEDAR PARK TX 786132741 <b>United States</b>			Bill To:	Invoice-HHSC; Region 04 Headqu HEALTH & HUMAN SERVICES COMMISSION 302 E Rieck Rd Tyler TX 75703 United States			
				Fax: Email:	903 534 8487 paula.thurman@hh	sc.state.tx.us		
				Purchaser:	Mcmurtray,Nicole	9		
Line-Sch	Inventory Item ID - Line Description	Class/Item Quar	ntity U	UOM	PO Price	Extended Amt	Due Date	
<ul> <li>(1) the contra</li> <li>(2) the contra</li> <li>(3) the name</li> <li>(4) the state a</li> <li>(5) the state a</li> <li>(6) the contra</li> <li>(7) a valid Te</li> <li>(8) a descript</li> <li>(9) unit numb</li> <li>(10) if submit</li> </ul>	hould include, but is not limited to incluctor's mailing and e-mail (if applicable ictor's telephone number; and telephone number of a person de agency's name, agency number, delive agency's purchase order number, if ap ict number or other reference number, xas identification number (TIN) issued ion of the goods or services, in sufficie ers corresponding to the amount of th ting an invoice after receiving an assig evant information supporting and explain 17034	e) address; esignated by the contra ery address; oplicable; i f applicable; I by the Comptroller; ent detail to identify the e invoice; gnment of a contract, tl	e order w he TIN c	which relates to the i	nvoice;		endor;	
	Handheld flashlight LED 130lm, Cont.# TXMAS-18-51V06, Comm.Cd. 45031, Supp.Pt.# 39F126, Mfr.Pt.# KEFL40, Mfr. Railhead Gear, UNSPSC: 39111704	450-32 3	36.00 I	EA	12.62000	\$454.32	02/18/2023	
				Sche	dule Total	\$454.32		
				Item Total f	for Line 1	\$454.32		
				Total PC	O Amount	\$454.32		

# **Health and Human Services Commission**

### **Purchase Order**

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Payment Terms Net 30	s Freight Terms Prepaid & Allow	<b>Ship Via</b> BEST W		Purchase Order	HF	HSTX-3-00	00308881
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 01/26/23	RevisionP3137 - Tyler:3303 Mineola HwyHEALTH & HUMAN SERVICES COMMISSION3303 Mineola HwyPO Box 5200Tyler TX 75702United States		
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<u></u>			0	Purchaser:	Mcmurtray,Nicole		D . D (
Line-Sch In	ventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date

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	
MKKi Inamwitray, (TCD, CTCM	
Ŭ.	01/26/2023