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

### **Purchase Order**

**Dispatch via Print** 

Payment Terms Net 30	Freight Terms Prepaid & Allow	<b>Ship Via</b> BEST WAY	Purchase Order		HHSTX-3-0000308948	
If advertised by infor specifications, terms	rmal bid, Invitation for Offer, or and conditions set forth in the a	Request for Proposal; all dvertisement and vendor's	Date 01/25/23	Revision		
	es become a part of this numbered services delivered meet or exceed		Ship To:	5035 - Rusk:805 N Dickinson Dr HEALTH & HUMAN SERVICES COMMISSION 805 N Dickinson Dr		
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.				PO Box 318 Rusk TX 75785 United States		
Vendor: 126	3718834 8		Bill To:	Invoice - DADS		

BULLCHASE INC

201 S LAKELINE BLVD STE 503 CEDAR PARK TX 786132741

**United States** 

HEALTH & HUMAN SERVICES COMMISSION

424 Mesquite Dr PO Box 1132 Mexia TX 76667 United States

Fax: 254/562-1894

**Email:** 718Accounting@hhs.texas.gov

Purchaser: Mcmurtray, Nicole 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: 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: Lead Contact: Jerry McClure

Lead Contact Email: jerry.mcclure@hhs.texas.gov

Lead Contact Phone: 903-683-7621

Requester: Toni Booker

Requester Email: toni.booker@hhs.texas.gov

Requester Phone: 903-683-7571

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: 23084230

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.

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

### **Purchase Order**

Payment Terms

Freight Terms

**Dispatch via Print** 

Net 30	erms Freight Terms Prepaid & Allow	Ship Vi BEST V		Purchase Ord	ler	HHSTX-3-0	000308948		
specification	by informal bid, Invitation for Offer, or Rec ns, terms, and conditions set forth in the adve	ertisement and ver	ndor's	<b>Date</b> 01/25/23	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:	HEALTH & HU 805 N Dickinson PO Box 318 Rusk TX 75785	Rusk TX 75785			
Vendor:	1263718834 8 BULLCHASE INC 201 S LAKELINE BLVD STE 503 CEDAR PARK TX 786132741 United States	ULLCHASE INC 01 S LAKELINE BLVD STE 503 EDAR PARK TX 786132741			United States  Invoice - DADS HEALTH & HU 424 Mesquite Dr PO Box 1132 Mexia TX 76667 United States	ADS & HUMAN SERVICES COMMISSION ite Dr 32 76667			
				Fax: Email:	254/562-1894 718Accounting@	hhs.texas.gov			
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	Purchaser: UOM	Mcmurtray,Nico	Extended Amt	Due Date		
Requisition	Talephone Emergency Color Red, Number of Lines 1, Bell Ringer Speakerphone, No Mount (Type) Desk Call Waiting-Volume Control ADA Compliant (Supplier Part #3CZH6; Manufacturer Part # 2510ERed)	839-87	15.00	EA	36.20000	\$543.00	01/31/2023		
					chedule Total tal for Line 1	\$543.00 \$543.00			
2-1	Fire Extinguisher Bracket 5lb 4-1/4in. dia (Supplier Part # 35WT38; Manufacturer Part # 700270)	340-28	15.00	EA	21.23000	\$318.45	01/31/2023		
				S	chedule Total	\$318.45			
				Item To	tal for Line 2	\$318.45			
				Tota	l PO Amount	\$861.45			

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.

# **Health and Human Services Commission**

# **Purchase Order**

**Dispatch via Print** 

Payment Te Net 30	rms Freight Terms Prepaid & Allow	<b>Ship Via</b> BEST WAY	Purchase Order	HHS	STX-3-0000308948	
specification	by informal bid, Invitation for Offer, or R s, terms, and conditions set forth in the ad	vertisement and vendor's	<b>Date</b> 01/25/23	Revision	Page 3	
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:	5035 - Rusk:805 N Dickinson Dr HEALTH & HUMAN SERVICES COMMISSION 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 S 424 Mesquite Dr PO Box 1132 Mexia TX 76667 United States	ERVICES COMMISSION	

Fax: 254/562-1894

Email: 718Accounting@hhs.texas.gov

Purchaser: Mcmurtray, Nicole

MKG ynamwrtay, CTCD, CTCM

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

Authorized By

01/26/2023