

Health and Human Services Commission

Purchase Order

Dispatch via Print

| | | | |
|--|---|-----------------------------|--|
| Payment Terms Net 30 | Freight Terms Prepaid & Allow | Ship Via BEST WAY | Purchase Order HHSTX-3-0000309011 |
| 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. | | | Date 01/26/23 |
| All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number. | | | Revision Page 1 |
| | | | Ship To: 6656 - Lubbock:3401 N University A HEALTH & HUMAN SERVICES COMMISSION 3401 N University Ave 3401 N University Ave Lubbock TX 79415 United States |

Vendor: 1272070628 7
 AHI ENTERPRISES LLC
 16120 COLLEGE OAK STE 105
 SAN ANTONIO TX 782494044
 United States

Bill To: Invoice - DADS
 HEALTH & HUMAN SERVICES COMMISSION
 2501 Maple St
 PO Box 451
 Abilene TX 79602
 United States

Fax: 325/795-3807
Email: 710Accounting@hhsc.state.tx.us

Purchaser: Mills, George M

| 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: 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

AGENCY CONTACT:
 Lead Contact (Program SME) Name: Luisa Olguin-Torrez
 Lead Contact Email: luisa.olguin-torrez@hhs.texas.gov
 Lead Contact Phone: 806-741-3511

Contract Manager Name: Betty Moore, CTCM
 Contract Manager Email: betty.moore@hhs.texas.gov
 Contract Manager Phone: 806-741-3614

Ship to Attn: Name: Luisa Olguin-Torrez
 Email: luisa.olguin-torrez@hhs.texas.gov
 Phone: 806-741-3511

PLEASE HAVE VENDORS SEND INVOICES VIA EMAIL TO 710Accounting@hhsc.state.tx.us

HHSC BUYER:
 George Mills, CTCD
 512-406-2651
 George.Mills@hhs.texas.gov

VENDOR:
 Contractor:
 AHI Enterprises, LLC, San Antonio

Contact Name: Mark Nolan

Email: mark@ahitexas.com

Phone: (210) 653-7770

Alternate Phone: 1 (877) 551-7770

Address: 16120 College Oak #105 San Antonio TX 78249

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PURCHASING METHOD: CP-A

Txmas Contract: TXMAS Term 615-A1
 Term: Start Date 8/29/2017 End Date 8/31/2023
 Smartbuy PO: 23084384

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 0000217580

Please follow the Texas Comptrollers Invoicing standards as seen below.
 Include PO Number on invoices, bills, receipts, bill lading, packing slips, and back order.
 (a) To receive payment, a contractor must submit an invoice to the State Agency receiving the goods or services.
 The invoice should include, but is not limited to including:
 (1) the contractors mailing and e-mail (if applicable) address;
 (2) the contractors telephone number;
 (3) the name and telephone number of a person designated by the contractor to answer questions regarding the invoice;
 (4) the state agency's name, agency number, delivery address;
 (5) the state agency's purchase order number, if applicable;
 (6) the contract number or other reference number, if applicable;
 (7) a valid Texas identification number (TIN) issued by the Comptroller;
 (8) a description of the goods or services, in sufficient detail to identify the order which relates to the invoice;
 (9) unit numbers corresponding to the amount of the invoice;
 (10) if submitting an invoice after receiving an assignment of a contract, the TIN of the original contractor and the TIN of the successor vendor;
 (11) other relevant information supporting and explaining the payment requested

| | | | | | | | |
|-----|--|--------|-------|-----|----------|----------|------------|
| 1-1 | Folder, Classification, Pressboard, End Tab, 2" Expansion, Letter, 2 Dividers,6 Sections Item3UNV10315 | 615-45 | 15.00 | BOX | 31.64000 | \$474.60 | 02/07/2023 |
|-----|--|--------|-------|-----|----------|----------|------------|

Schedule Total \$474.60

Item Total for Line 1 \$474.60

Total PO Amount \$474.60

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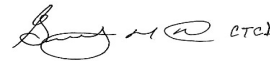
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No substitutions or cancellations are permitted without prior approval by Health & Human Services Commission. If contractor fails to deliver by promised delivery date (or reasonable time thereafter) or fails to meet requirements, Health & Human Services 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



01/26/2023