Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Ter Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	H	HSTX-3-0000309032	
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	Revision Page 1 5605 - Wichita Falls:6515 Kemp Blv DEPARTMENT OF STATE HEALTH SERVICES 6515 Kemp Blvd PO Box 300 Wichita Falls TX 76308 United States		
guarantees go requirements. All shipment	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:	Vendor: 1621211267 2 TK ELEVATOR CORPORATION PO BOX 3796 CAROL STEAM IL 60132 United States		Bill To:	Terrell SH Whse HEALTH & HUMAN SERVICES COMMISSIO 1200 E Brin PO Box 70 Terrell TX 75160 United States		

Purchaser: Lyncook, Shawn Patrick 512/406-2685

DSHS.TSHBusinessOffice@dshs.texas.gov

Line-SchInventory Item ID - Line DescriptionClass/ItemQuantityUOMPO PriceExtended AmtDue Date

Email:

FY23 Funding

EX/0 - Purchase made under the Authority of Texas Government Code 2155.1441 for Health Care Purchasing including group purchasing programs.

Requisition 215882 - Pricing per Quote PO Service Dates: 01/26/2023 to 08/31/2023

SOURCEWELL GPO and HHS Contract # 080424-TKE SOURCEWELL GPO HHS Membership ID 167184 Contract Term: 08/26/2020 to 08/28/2024

Invoice per 34 TAC §20.487, amended effective May 1, 2022

Unilateral Contract: Attached Terms and Conditions apply to this Purchase Order.

This purchase order is contingent upon the continued availability of lawful appropriations by the Texas Legislature and may be canceled at any time in whole or part without penalty. HHS or the agency does not commit to ordering specific quantities of goods/services or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those goods and/or services ordered and received by the agency. Any funds not utilized by 08-31-2023 are automatically canceled.

PCS contact

Shawn 'Patrick' LynCook

512-406-2685

shawn.lyncook@hhs.texas.gov

*SCOR (System of Contract Operation and Reporting) Division 19 HHSC - State Operated Facilities

*SCOR Other Subject: CG1 NTSH WF: Elevator Maintenance and repair

*NPI Class: 910-13 Account# 726600 Program# F2200 Speedchart: F3E010

PREFERRED VENDOR INFORMATION:

Vendor Name: Thyssenkrupp Elevator

Vendor Address: P.O. Box 93304

Vendor City Zip: Atlanta, Georgia 31193-3004

Vendor Contact: David Johnston Vendor Contact Phone: (432) 230-5988

Vendor Contact Email: david.johnston@tkelevator.com

Vendor TIN#: 1621211267

Contract Manager: Drew Hardy
Contract manager phone: 940-552-4055

Contract manager email: drew.hardy2@hhsc.state.tx.us

SME Agency Contact/Bill To: Allyson Cruz SME Agency Contact phone #: 940-689-5351

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Vendor: 162	1211267 2		Bill To:	Terrell SH Whse		

TK ELEVATOR CORPORATION

PO BOX 3796

CAROL STEAM IL 60132

United States

HEALTH & HUMAN SERVICES COMMISSION

1200 E Brin PO Box 70 Terrell TX 75160 United States

Email: DSHS.TSHBusinessOffice@dshs.texas.gov

Purchaser: Lyncook,Shawn Patrick 512/406-2685 Class/Item Line-Sch **Inventory Item ID - Line Description** Quantity **UOM** PO Price Extended Amt Due Date

SME Agency Contact email# Allyson.Cruz@hhs.texas.gov

PCS Email PO to: Allyson.Cruz@hhs.texas.gov Lead Contact

drew.hardy2@hhsc.state.tx.us Facility Contract Specialist

VENDORS SEND INVOICES VIA EMAIL TO: teri.jenkinson@hhsc.state.tx.us

PO BILL TO INFORMATION NORTH TEXAS STATE HOSPITAL ATTN: TERI JENKINSON, MAINTENANCE DEPARTMENT P.O. BOX 2231 6515 KEMP BLVD. WICHITA FALLS, TEXAS 76301 CODE # 5616 Email# Allyson.Cruz@hhs.texas.gov

MAIL TO INFORMATION: 5616 BUILDING: Site Wide CONTACT: Allyson Cruz PHONE #: 940-689-5351 FAX#: 940-689-5888

Email# Allyson.Cruz@hhs.texas.gov

910-13 43757.81000 1-1 1.00 LOT \$43,757.81 01/31/2023

FY23, Services, CG1, TK Elevator, Door repair, Contract Sourcewell GPO 080424-TKE SOURCEWELL GPO HHS MEMBERSHIP ID 167184, TPO

> \$43,757.81 Schedule Total Item Total for Line 1 \$43,757<u>.81</u>

Total PO Amount

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			Email:	DSHS.TSHBusinessOffice@dshs.texas.gov	
			Purchaser:	Lvncook.Shawn Patrick	512/406-2685

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.

Quantity

UOM

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.

Class/Item

Line-Sch

Inventory Item ID - Line Description

Authorized By

And ego, egem

PO Price

01/26/2023

Due Date

Extended Amt