Health and Human Services Commission

Purchase Order

					Dispat	ch via Print
Payment Te Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order		HHSTX-3-00	00309035
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
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:	5998 - Richmond:2100 Preston HEALTH & HUMAN SERVICES COMMISSION 2100 Preston Richmond TX 77469 United States		MMISSION	
Vendor:	1043390816 6 STAPLES CONTRACT AND COM DBA STAPLES BUSINESS ADVAI PO BOX 660409 DALLAS TX 75266 United States		Bill To:	Invoice - DADS HEALTH & HU 4001 Highway 30 Brenham TX 778 United States		MMISSION
			Fax: Email:	979/277-1865 712Accounting@	Phhs.texas.gov	
			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: 3 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. Please call facility 24hrs before delivery. NO DELIVERIES BETWEEN 12:00-1:00PM

NO DELIVERIES BETWEEN 12:00-1:00PM.

AGENCY CONTACT: Lead Contact: DIANA DOCKAL, Lead Contact Email: DIANA.DOCKAL@HHS.TEXAS.GOV Lead Contact Phone: 281-344-4277

Contract Manager: ANA KRUSE, Contract Manager Phone: 281-344-4648, Contract Manager Email: ANA.KRUSE@HHS.STATE.GOV

AP Email:

Ship to Attn: Contact: DIANA DOCKAL, Contact Email: DIANA.DOCKAL@HHS.TEXAS.GOV Contact Phone: 281-344-4277

Building and Room number Warehouse HEALTH HUMAN SERVICES COMMISSION

2100 Preston Richmond TX 77469 United States

Warehouse deliver to BUILDING: ADMINISTRATION 501/RM 108

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

Health and Human Services Commission

Purchase Order

		Fulchase		B1 1 1 1 - 1
Payment Terms	Freight Terms	Ship Via		Dispatch via Prin
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSTX-3-000030903
specifications, term	ormal bid, Invitation for Offer, or F s, and conditions set forth in the ad	vertisement and vendor's	Date 01/26/23	Revision Pag
conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.		Ship To:	5998 - Richmond:2100 Preston HEALTH & HUMAN SERVICES COMMISSION 2100 Preston	
All shipments, ship with our Purchase	oping papers, invoices, and corre Order Number.	spondence must be identified		Richmond TX 77469 United States
Vendor: 1043390816 6 STAPLES CONTRACT AND COMMERCIAL L DBA STAPLES BUSINESS ADVANTAGE PO BOX 660409 DALLAS TX 75266 United States			Bill To:	Invoice - DADS HEALTH & HUMAN SERVICES COMMISSION 4001 Highway 36 South Brenham TX 77833 United States
			Fax: Email:	979/277-1865 712Accounting@hhs.texas.gov
			Purchaser:	Mills,George M
Line-Sch Inver	ntory Item ID - Line Description	Class/Item Quantity	UOM	PO Price Extended Amt Due Date
Txmas Contract: T Ferm: Start Date Smartbuy PO: 23 REQUIREMENTS This PO is conting	hods were evaluated, and the b TXMAS-20-7502 10/20/2022 End Date 03/23/202 084458 S/LIMITATIONS: gent upon the continued availab C §20.487, amended effective I	3 ility of lawful appropriations by		e. FY2023 funding.
Include PO Numb (a) To receive pay The invoice shoul (1) the contractors (2) the contractors (3) the name and (4) the state agen (5) the state agen (6) the contract nu (7) a valid Texas i (8) a description c (9) unit numbers c (10) if submitting a	Texas Comptrollers Invoicing st er on invoices, bills, receipts, bi ment, a contractor must submit d include, but is not limited to in s mailing and e-mail (if applicab s telephone number; telephone number; cys name, agency number, deli cys purchase order number, del cys number or other reference number dentification number (TIN) issue of the goods or services, in suffic corresponding to the amount of an invoice after receiving an ass t information supporting and ex	Il lading, packing slips, and back an invoice to the State Agency cluding: (e) address; designated by the contractor to very address; upplicable; er, if applicable; ed by the Comptroller; cient detail to identify the order the invoice; signment of a contract, the TIN	y receiving the goods answer questions re which relates to the i of the original contra	garding the invoice;

1.00 EA

Health and Human Services Commission

Purchase Order

Deserve and T	E	Sh: X7:-			Dispatch via Print
Payment To Net 30	erms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order		HHSTX-3-0000309035
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. All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Date 01/26/23	Revision	Page 3
			Ship To:	5998 - Richmond HEALTH & HUN 2100 Preston Richmond TX 77 United States	MAN SERVICES COMMISSION
Vendor:	1043390816 6 STAPLES CONTRACT AND COMMI DBA STAPLES BUSINESS ADVANT PO BOX 660409 DALLAS TX 75266 United States		Bill To:	Invoice - DADS HEALTH & HUN 4001 Highway 36 Brenham TX 778 United States	
			Fax: Email:	979/277-1865 712Accounting@	hhs.texas.gov
Line-Sch	Inventory Item ID - Line Description	Class/Item Ouantity	Purchaser: UOM	Mills,George M PO Price	Extended Amt Due Date
Line-Sch	DYMO RHINO 4200 PORTABLE LABEL MAKER (1801611); SUPPLIER PART # 331507; MFG#331507- 1855753; SMARTBUY	Class/item Quantity	UOM	rorne	Extended Aint Due Date
				Schedule Total \$69.47 Item Total for Line 1 \$69.47	
			Total P	O Amount	\$69.47

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	
Ben M @ CTCA	<u>01/27/2023</u>

Dispatch via Print