

# Health and Human Services Commission

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> Prepaid & Allow	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>HHSTX-3-0000309089</b>
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.			<b>Date</b> 01/27/23
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> Page 1
			<b>Ship To:</b> 6079 - San Antonio:6711 S New Brau HEALTH & HUMAN SERVICES COMMISSION 6711 S New Braunfels Ave Ste 500 San Antonio TX 78223 United States

**Vendor:** 1760388994 4  
ADVENT MEDICAL INCORPORATED  
DBA ADVENT RESOURCE MANAGEMENT  
133 RIO AZUL  
SEGUIN TX 781550199  
United States

**Bill To:** Invoice-DSHS Accounts Payable  
HEALTH & HUMAN SERVICES COMMISSION  
6711 S New Braunfels  
Ste 100  
San Antonio TX 78223  
United States

**Fax:** 210/531-7883  
**Email:** SAHAccounting@dshs.texas.gov

**Purchaser:** Connell,Ron Lee

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY23 General Goods

Spot Purchase Open Market  
SP/E

Requisition #: HHSTX-3-0000217349

Requester: Raymond Lopez  
Phone #: (210) 531-8246  
Email: Raymond.lopez@hhs.texas.gov

SHIP TO ATTN: GERAL RHODER, (210) 531-3700, GERAL.RHODER@HHS.TEXAS.GOV

Purchaser Name: Ron Connell  
Phone #: 512-406-2666  
Email: ron.connell@hhs.texas.gov

Vendor Name: ADVENT MEDICAL INCORPORATED dba ADVENT RESOURCE MANAGEMENT  
Contact: Jennifer Lyons  
Phone #: (832) 833-0130  
Email: Jennifer@adventaed.com

Goods and/or services are to be delivered and invoiced after September 1, 2022.

This purchase order is contingent upon the continued availability of lawful appropriations by the Texas Legislature CPA Procurement Manual, and may be cancelled at any time in whole or part without penalty.

Invoicing and Payment: The invoice shall contain all the following in order to be considered for payment: PO number referenced, a unique invoice number, invoice date, and the total invoice amount. Each invoice shall also have an attached copy of the bill in order to be paid. Mail all original invoices to the BILL TO ADDRESS ON PO. Payment terms are net thirty days (30) unless a discount has been offered. Facility is not responsible for failure by the vendor to properly invoice which may delay payment processing.

1-1	AED WALL CABINET W/ALARM 7334 F1650	345-84	3.00	EA	219.00000	\$657.00	02/06/2023
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**Schedule Total**                     \$657.00

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			<b>Page</b> 2

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**Purchaser:** Connell,Ron Lee

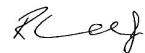
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
<b>Item Total for Line 1</b>						\$657.00	
2-1	RESPONDER CPR/AED PACKS F1650 7300	345-84	14.00	EA	17.61000	\$246.54	02/06/2023
<b>Schedule Total</b>						\$246.54	
<b>Item Total for Line 2</b>						\$246.54	
<b>Total PO Amount</b>						\$903.54	

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**



01/27/2023