Health and Human Services Commission

Purchase Order

Dispatch via Print

TX SmartBuy PO ID

Payment Te Net 30	Prepaid & Allow	Ship Via BEST WAY	Purchase Order	
specification	by informal bid, Invitation for Offer, or R s, terms, and conditions set forth in the adv	vertisement and vendor's	Date 01/27/23	Revision Page 1
guarantees g requirements All shipmen	responses become a part of this numbered goods or services delivered meet or exceed s. ats, shipping papers, invoices, and corres archase Order Number.	numbered purchase order	Ship To:	4548 - Harlingen:1401 S Rangervill HEALTH & HUMAN SERVICES COMMISSION 1401 S Rangerville Rd Harlingen TX 78552 United States
Vendor:	1561558062 6 BOB BARKER COMPANY INC PO BOX 429 FUQUAY VARINA NC 275260429 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: Email:	210/531-7883 SAHAccounting@dshs.texas.gov
			Purchaser:	Torres,Joseph Ryan
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantity	UOM	PO Price Extended Amt Due Date

FREIGHT: F.O.B Destination Freight Prepaid and Allowed

DELIVERY: 3-5 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 when the Warehouse is closed.

Please call Agency Delivery Contact to schedule delivery 24 hours prior to arrival.

AGENCY DELIVERY CONTACT: Rio Grande SH Taylor Gain, Whse Supvr 956-364-8321 taylor.gain@hhs.texas.gov

HHSC BUYER: Joseph Torres, CTCD 512-406-2413 Joseph.Torres@HHS.Texas.Gov

VENDOR: Brock Frew 800-334-9880 customerservicecentral@bobbarker.com

OMNIA GPO and HHSC Contract # HHS000840200001 OMNIA GPO and Bob Barker Contract # WA00034777 FY23

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

Requisition # MIM2309739; Line(s): 74

02/03/2023	\$399.20	49.90000	CS	8.00	652-42	I-1 652-42-00302-0 GEL SPR WET CLR 8.80Z 24/CS BOBBARKER SH6000	1-1
	\$399.20	Schedule Total					
	\$399.20	Item Total for Line 1					

Health and Human Services Commission

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HHSTX-3-000030911		Purchase Order	Ship Via BEST WAY	Freight Terms Prepaid & Allow	Payment Terms Net 30
Pa	Revision	Date 01/27/23	sement and vendor's	nal bid, Invitation for Offer, or Rec and conditions set forth in the adve	specifications, terms,
		Ship To:	bered purchase order	become a part of this numbered purervices delivered meet or exceed numbers, invoices, and corresponder Number.	guarantees goods or s requirements.
		Bill To:		558062 6 BARKER COMPANY INC BOX 429 UAY VARINA NC 275260429 ed States	BOE PO I FUQ
ing@dshs.texas.gov	210/531-7883 SAHAccounting@	Fax: Email:			
oh Ryan	Torres,Joseph R	Purchaser:			
Extended Amt Due Date	PO Price	UOM	Class/Item Ouantity	ory Item ID - Line Description	Line-Sch Invent

Total PO Amount

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	
Jach Tony, CTCD	
1	01/27/2023

\$399.20