## **Health and Human Services Commission**

## **Purchase Order**

**Dispatch via Print** 

Payment Terms Net 30	Freight Terms Prepaid & Allow	<b>Ship Via</b> BEST WAY	Purchase Order	HHST	TX-3-0000309116	
specifications, terms	rmal bid, Invitation for Offer, or and conditions set forth in the a	dvertisement and vendor's	<b>Date</b> 01/27/23	<b>Revision</b> 1 - 1/30/2023	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.			Ship To:	5998 - Richmond:2100 Preston HEALTH & HUMAN SERVICES COMMISSION 2100 Preston		
All shipments, ship with our Purchase	ping papers, invoices, and corre Order Number.	espondence must be identified		Richmond TX 77469 United States		
¥71	£2400£19.2		D'II T	I DADC		

**Vendor:** 1263499518 2

MONO MACHINES LLC DBA SUPPLY CHIMP 228 PARK AVE S # 36842 NEW YORK NY 10003-1502

**United States** 

Bill To: Invoice - DADS

HEALTH & HUMAN SERVICES COMMISSION

4001 Highway 36 South Brenham TX 77833 United States

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**Fax:** 979/277-1865

Email: 712Accounting@hhs.texas.gov

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: 7 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:

HHSC Purchaser Travis Martinez, CTCD/CTCM PH. 512-438-5685, Travis.Martinez@hhs.Texas.Gov

Contact

DIANA DOCKAL, 281-344-4277, DIANA.DOCKAL@HHS.TEXAS.GOV

HHSC BUYER: Travis Martinez,CTCD Ph 512-438-5685 Travis.Martinez@hhs.Texas.Gov

VENDOR: Mono Machines LLC dba Supply Chimp 800-592-1306 helpme@supplychimp.com

PURCHASING METHOD: CP/X

Procurement methods were evaluated, and the best value is provided using the TXMAS contract.

Txmas Contract: TXMAS-19-7502

Smartbuy PO: 23084574

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 217128

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HHSTX-3-0000309116

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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		<b>Date</b> 01/27/23	<b>Revision</b> 1 - 1/30/2023		Page 2		
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Vendor:	1263499518 2 MONO MACHINES LLC DBA SUPPLY CHIMP 228 PARK AVE S # 36842 NEW YORK NY 10003-1502 United States		Bill To:	Invoice - DADS HEALTH & HUMAN SERVICES COMMISSION 4001 Highway 36 South Brenham TX 77833 United States		OMMISSION	
				Fax: Email:	979/277-1865 712Accounting@	hhs.texas.gov	
Y G.1	The term of the te	Cl. //	0	Purchaser:	Martinez,Travis	E de la la la de	D. D. L.
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
1-1	REDI-SEAL SECURITY TINTED WINDOW ENVELOPE, CONTEMPORARY, #10, WHITE, 500/BOX; SUPPLIER PART # 34432; MFG# QUA21418; SMARTBUY	310-06	2.00	BOX	44.93000	\$89.86	02/03/2023
				Sch	edule Total	\$89.86	
				Item Total	for Line 1	\$89.86	
2-1	PENDAAFLEX PFXMTN925 STEEL TOP TAB RECYCLED GUIDES; SUPPLIER PART # 64207; MFG# PFXMTN925; SMARTBUY	615-47	1.00	SET	55.68000	\$0.00	CANCEL
				Scho	edule Total	\$0.00	

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		
Authorized by		

Item Total for Line 2 \_\_\_

Total PO Amount

\$0.00

This Muster, CTCD

01/30/2023