Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Te Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHS	TX-3-0000309133
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 01/30/23	Revision	Page 1
			Ship To:	5035 - Rusk:805 N Dickinson Dr HEALTH & HUMAN SERVICES COMMISSION 805 N Dickinson Dr PO Box 318 Rusk TX 75785 United States	
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 SER 424 Mesquite Dr PO Box 1132 Mexia TX 76667 United States	RVICES COMMISSION

Fax: 254/562-1894

Email: 718Accounting@hhs.texas.gov

Purchaser: Connell,Ron Lee

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

FY23 General Goods

TXMAS-19-7502 CP/X

Requisition #: HHSTX-3-0000217681 Texas Smart Buy PO - 23084603

Requester: Toni Booker Phone #: 903-683-7571

Email: toni.booker@hhs.texas.gov

Ship to Attn: Toni Booker, 903-683-7571, toni.booker@hhs.texas.gov, Bld. 615

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

Vendor Name: MONO MACHINES DBA SUPPLY CHIMP

Contact: CHRIS MCPHERSON Phone #: 800-592-1306

Email: HELPME@SUPPLYCHIMP.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.

1-1 615-86 3.00 PKG 24.19000 \$72.57 01/31/2023

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				Fax: Email:			
				Purchaser:	Connell,Ron L	_ee	
Line-Sch	Inventory Item ID - Line Description	Class/Item Qu	uantity U	JOM	PO Price	Extended Amt	Due Date
				Sche	dule Total	\$72.57	
				Item Total for Line 1 \$72.57			

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

Reef.

01/30/2023

\$72.57

Total PO Amount