

# Health and Human Services Commission

## Purchase Order

**TX SmartBuy PO ID**

**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-3-0000309305</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> 02/01/23
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> <b>Page</b> 1
		<b>Ship To:</b>	5030 - Terrell:1200 E Brin HEALTH & HUMAN SERVICES COMMISSION 1200 E Brin PO Box 70 Terrell TX 75160 United States

**Vendor:** 1561558062 6  
BOB BARKER COMPANY INC  
PO BOX 429  
FUQUAY VARINA NC 275260429  
United States

**Bill To:** Terrell SH Whse  
HEALTH & HUMAN SERVICES COMMISSION  
1200 E Brin  
PO Box 70  
Terrell TX 75160  
United States

**Email:** DSHS.TSHBusinessOffice@dshs.texas.gov

**Purchaser:** Thompson,Casandra

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FREIGHT: F.O.B Destination Freight Prepaid and Allowed

DELIVERY: 14 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:**

Terrell State Hospital  
Whse Supvr Robert Horton  
Ph - 972-551-8864  
robert.horton@hhs.texas.gov

HHSC BUYER:  
Casandra Thompson, CTCD  
512-776-4243  
Casandra.Thompson@hhs.texas.gov

VENDOR:  
Bob Barker  
Contact: Brock Frew  
Ph: 1-800-334-9880  
Email: customerservicecentral@bobbarker.com

FY23  
OMNIA GPO and HHS Contract # HHS000840200001  
OMNIA GPO and Bob Barker Contract # WA00034777  
Valid TERM: September 1, 2021 through October 4, 2024

**PURCHASING METHOD: EX-0**

Purchase made under the Authority of Texas Government Code 2155.1441 for Health Care Purchasing including group purchasing programs.

Requisition # MIM2310116 Line 1,2,3,8

1-1	200-10-00000-3 SWEAT SHIRT SML GRAY SSGY-S	200-10	120.00	EA	8.26000	\$991.20	02/15/2023
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BOBBARKER							
<b>Schedule Total</b>						\$991.20	
<b>Item Total for Line 1</b>						\$991.20	
2-1	200-10-00000-8 SWEAT SHIRT 3XL GRAY SSGY- 3XL BOBBARKER	200-10	72.00	EA	11.36000	\$817.92	02/15/2023
<b>Schedule Total</b>						\$817.92	
CT 02/01/2023 Price decrease from 14.70 to 11.36.							
<b>Item Total for Line 2</b>						\$817.92	
3-1	200-10-00001-1 SWEAT PANT SML GRAY SPGY-S BOBBARKER	200-10	120.00	EA	8.26000	\$991.20	02/15/2023
<b>Schedule Total</b>						\$991.20	
CT 02/01/2023 Price decrease from 10.69 to 8.26.							
<b>Item Total for Line 3</b>						\$991.20	
4-1	201-87-60000-0 SHIRT T MEN MED 38-40 DZ BOBBARKER 683TF-M	201-87	30.00	DZ	33.14000	\$994.20	02/15/2023
<b>Schedule Total</b>						\$994.20	
<b>Item Total for Line 4</b>						\$994.20	
<b>Total PO Amount</b>						\$3,794.52	

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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**

*Casandra Thompson, CTCD*

**02/01/2023**