Health and Human Services Commission

Purchase Order

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Payment Terms Freight Terms Ship Via HHSTX-3-0000309550 Net 30 Prepaid & Allow BEST WAY **Purchase Order** If advertised by informal bid, Invitation for Offer, or Request for Proposal; all Page Date Revision specifications, terms, and conditions set forth in the advertisement and vendor's 02/06/23 1 conforming responses become a part of this numbered purchase order. Contractor Ship To: 6689 - Brenham:4001 S Hwy 36 guarantees goods or services delivered meet or exceed numbered purchase order HEALTH & HUMAN SERVICES COMMISSION requirements. 4001 S Hwy 36 All shipments, shipping papers, invoices, and correspondence must be identified Brenham TX 77833 with our Purchase Order Number. United States Vendor: 1943102124 5 Bill To: Invoice - DADS LANDSBERG ORORA HEALTH & HUMAN SERVICES COMMISSION 1900 W UNIVERSITY DR STE 101 4001 Highway 36 South TEMPE AZ 852813292 Brenham TX 77833 United States United States Fax: 979/277-1865 712Accounting@hhs.texas.gov Email: Connell,Ron Lee **Purchaser:** UOM PO Price Line-Sch **Inventory Item ID - Line Description** Class/Item Quantity Extended Amt **Due Date** FY23 General Goods Spot Purchase Open Market SP/E Requisition #: HHSTX-3-0000218129 Requester Name: Leslie Wright Phone #: 979.277.1314 Email: leslie.wright@hhs.texas.gov SHIP TO ATTN: Leslie Wright, 979.277.1314, leslie.wright@hhs.texas.gov Purchaser Name: Ron Connell Phone #: 512-406-2666 Email: ron.connell@hhs.texas.gov Vendor Name: LANDSBERG ORORA Contact: Sean Smith Phone #: 888-333-6752 Email: sean.smith@landsberg.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. 640-08 10.00 CS 77.21000 1-1 \$772.10 02/13/2023 127503 10X12 .002 CLEAR LINE ZIP LOCK 1000 EA<=> CV Schedule Total \$772.10 \$772.10 Item Total for Line 1

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				Ship To:			
Vendor:	1943102124 5 LANDSBERG ORORA 1900 W UNIVERSITY DR STE 101 TEMPE AZ 852813292 United States			Bill To:	Invoice - DADS HEALTH & HUMAN SERVICES COMMISSION 4001 Highway 36 South Brenham TX 77833 United States		
				Fax: Email:	979/277-1865 712Accountin	g@hhs.texas.gov	
				Purchaser:	Connell,Ron	lee	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
2-1	FREIGHT	962-86	1.00	CS	9.50000	\$9.50	02/13/2023
				Sche	dule Total	\$9.50	
				Item Total	for Line 2	\$9.50	
				Total P	O Amount	\$781.60	

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 RCcef.

02/06/2023

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