

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-3-0000309650
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.			Date 02/07/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 1
		Ship To:	4549 - San Antonio:6711 S New Brau HEALTH & HUMAN SERVICES COMMISSION 6711 S New Braunfels Ste 100 San Antonio TX 78223 United States

Vendor: 1361150280 1
W W GRAINGER INC
4924 N W LOOP 410
SAN ANTONIO TX 782295312
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: 210/531-7883
Email: SAHAccounting@dshs.texas.gov

Purchaser: Mills,George M

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO.

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

DELIVERY: 10 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. Please call facility 24hrs before delivery.
NO DELIVERIES BETWEEN 12:00-1:00PM

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AGENCY CONTACT:
SME/Lead Contact: Rosalinda Rodriguez
Lead Email: Rosalinda.Rodriguez@hhs.texas.gov
Lead Phone: 210-531-8405

Contract Manager: Melissa Maddox, Contract Manager
Contract Manager Email: Melissa.Maddox@hhs.texas.gov
CM Phone: Office (210) 531-7357

AP Email: SAHACCOUNTING@dshs.texas.gov

Ship to Attn: Contact: Rodriguez, Rosalinda
Contact Email: Rosalinda.Rodriguez@hhs.texas.gov
Contact Phone: 210-531-8405

Building and Room number
Warehouse Bldg. 558
HEALTH HUMAN SERVICES COMMISSION
6711 S New Braunfels
Ste 100
San Antonio TX 78223
United States

Warehouse deliver to Delivery Contact: Rosalinda Rodriguez
Phone no: 210-531-8405
Email: rosalinda.rodriguez54@gmail.com

Bldg/Floor/Cubicle: Bldg. 643/Pharmacy

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HHSC BUYER:
George Mills CTCD
512-406-2651
george.mills@hhs.texas.gov

VENDOR: Grainger, Inc. - San Antonio 705

Dealer: Grainger, Inc. - San Antonio 705
Email: SCS.South@grainger.com
Phone: (210) 521-7861
Fax: (210) 521-8602
Address: Branch 705 Manager Grainger, Inc. - San Antonio 705 4924 Nw Loop 410 San Antonio TX 78229

PURCHASING METHOD: CP/X
Procurement methods were evaluated, and the best value is provided using the TXMAS contract.

Txmas Contract: TXMAS-18-51V06
Term: Start Date 07/01/2018 End Date 06/30/2023
Smartbuy PO: 23085802

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 0000216818

Please follow the Texas Comptrollers Invoicing standards as seen below.
Include PO Number on invoices, bills, receipts, bill lading, packing slips, and back order.

(a) To receive payment, a contractor must submit an invoice to the State Agency receiving the goods or services. The invoice should include, but is not limited to including:

- (1) the contractors mailing and e-mail (if applicable) address;
- (2) the contractors telephone number;
- (3) the name and telephone number of a person designated by the contractor to answer questions regarding the invoice;
- (4) the state agency's name, agency number, delivery address;
- (5) the state agency's purchase order number, if applicable;
- (6) the contract number or other reference number, if applicable;
- (7) a valid Texas identification number (TIN) issued by the Comptroller;
- (8) a description of the goods or services, in sufficient detail to identify the order which relates to the invoice;
- (9) unit numbers corresponding to the amount of the invoice;
- (10) if submitting an invoice after receiving an assignment of a contract, the TIN of the original contractor and the TIN of the successor vendor;
- (11) other relevant information supporting and explaining the payment requested

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1-1	Antifatigue Mat Black White border 3 x 12ft	360-27	1.00	EA	287.34000	\$287.34	02/17/2023
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Schedule Total \$287.34

FY23 CG4 F3J ANTIFATIGUE MAT F4400 PHARMA RR
F3J010 F4400 7334 RR

Antifatigue Runner Mat
\$287.34 Ea
W.W. Grainer, Inc
Contract # TXMAS-1851V06
Commodity Code: 36028
NIGP Code: 36028
Supplier Part #36VK68
Manufacturer Part# 36VK68
Manufacturer: CONDOR

Item Total for Line 1 \$287.34

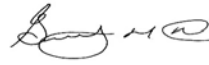
Total PO Amount \$287.34

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

 CTED

02/07/2023