

# Health and Human Services Commission

## Purchase Order

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-3-0000309758</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> 02/08/23
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> 6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States
			<b>Page</b> 1

**Vendor:** 1264261129 2  
THE URBAN CIRCLE LLC  
321 COMMONWEALTH RD STE 101  
WAYLAND MA 017785039  
United States

**Bill To:** Invoice-HHSC Accounting  
HEALTH & HUMAN SERVICES COMMISSION  
4601 W Guadalupe St  
Austin TX 78751  
United States

**Fax:** 512/424-6901  
**Email:** HHSC\_AP@hhsc.state.tx.us

**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: Days After Receipt of PO

DELIVERY: 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.

Please follow the Texas Comptroller's 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 contractor's mailing and e-mail (if applicable) address.
- (2) the contractor's 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.

Warehouse: Please deliver to bldg. 800

**AGENCY CONTACT:**

Lead Contact: Jaecks,Heather  
Lead Contact Email: Heather.Jaecks@hhs.texas.gov  
Lead Contact Phone: 1 (512) 406-2659

Contract Manager:  
Contract manager phone:  
Contract manager email:

Ship to Attn: Letisha Metayer  
Phone: 1 (512) 406-2443  
Email: Letisha.Metayer@hhs.texas.gov

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**Purchaser:** Mills, George M

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Building and Room number  
bldg.  
HEALTH HUMAN SERVICES COMMISSION  
1111 W North Loop  
Austin TX 78756  
United States

Warehouse: Please deliver to bldg.

HHSC BUYER:  
George Mills, CTCD, Ph 512-406-2651, Fax 512-406-2695,  
email George.Mills@hhs.texas.gov

VENDOR:  
Vendor Name: The Urban Circle LLC  
Vendor Contact: Chris Egle  
Vendor Phone: 713.226.8720  
Vendor Email: info@tucllc.us  
Address: 405 Main St. 7th Floor  
Houston, TX 77002

PLEASE HAVE VENDORS SEND INVOICES to

QUOTE: 14598

PURCHASING METHOD: SP/E  
Not to Exceed \$10,000.00

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 0000217410

1-1	BAKJF-KWTDK Women's Easy-Care Gingham Check Shirt Color: Pink/White Imprint: Full Color Embroidery Size(s): S-0, M-1, L-0, XL-0, XXL-0, 3XL- 0, 4XL-0 HHS Logo left chest	200-70	1.00	EA	76.80000	\$76.80	02/08/2023
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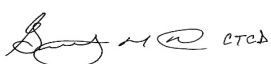
**Purchaser:** Mills, George M

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
<b>Schedule Total</b>							\$76.80
<b>Item Total for Line 1</b>							\$76.80
<b>Total PO Amount</b>							\$76.80

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.

<b>Authorized By</b> 	<b>02/08/2023</b>
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