#### **Purchase Order**

**Dispatch via Print** 

D ( T		G1 · 17		Dispatch via Fili		
Payment Te Net 30	erms Freight Terms Prepaid & Allow	<b>Ship Via</b> BEST WAY	Purchase Order	HHSTX-3-000030981		
specification	by informal bid, Invitation for Offer, or F hs, terms, and conditions set forth in the ad	vertisement and vendor's	Date 02/09/23	Revision Pag		
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.			Ship To:	6563 - Abilene:2501 Maple St HEALTH & HUMAN SERVICES COMMISSION 2501 Maple St 2501 Maple St Abilene TX 79602 United States		
Vendor:	1592663954 1 OFFICE DEPOT LLC PO BOX 660113 DALLAS TX 752660113 <b>United States</b>		Bill To:	Invoice - DADS HEALTH & HUMAN SERVICES COMMISSION 2501 Maple St PO Box 451 Abilene TX 79602 United States		
			Fax: Email:	325/795-3807 710Accounting@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		

SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO.

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

DELIVERY: 3-5 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 (Program SME) Name: Bricelynn Sikes Lead Contact Email: Bricelynn.Sikes@hhs.texas.gov Lead Contact Phone: 325-795-3991

Contract Manager Name: Heather Barlow, CTCM Contract Manager Email: Heather.Barlow@hhs.texas.gov Contract Manager Phone: 325-795-3444

Ship to Attn: Bricelynn Sikes Phone: 1 (325) 795-3991 Email: Bricelynn.Sikes@hhs.texas.gov

# Purchase Order

Payment Te Net 30					Dispa	tch via Prin
		Ship Via			•	
II auveruseu	Prepaid & Allow d by informal bid, Invitation for Offer, or Re	BEST WAY equest for Proposal; all	Purchase Order Date	Revision	HHSTX-3-0	20030981 Pag
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.			02/09/23		2501 36 1 0	
			Ship To:	6563 - Abilene:2501 Maple St HEALTH & HUMAN SERVICES COMMISSION		
All shipmen	nts, shipping papers, invoices, and corres	pondence must be identified	1	2501 Maple St 2501 Maple St		
with our Pu	urchase Order Number.			Abilene TX 7960 United States	02	
Vendor:	1592663954 1		Bill To:	Invoice - DADS		
	OFFICE DEPOT LLC PO BOX 660113			HEALTH & HUMAN SERVICES COMMISSION 2501 Maple St		
	DALLAS TX 752660113 United States		PO Box 451 Abilene TX 79602			
				United States		
			Fax:	325/795-3807		
			Email:	710Accounting@	hhsc.state.tx.us	
			Purchaser:	Mills,George M		
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantity		PO Price	Extended Amt	Due Date
2501 Maple Abilene TX United Stat Warehouse HHSC BUY George Mil email Geor VENDOR: Vendor Nar Vendor Con Strategic A Business S	<pre>&lt; 79602 tes e: Please deliver to bldg. 664</pre>	ł06-2695,				
Email: Stat	eon exas@OniceDepot.com					
		10Accounting@bbcc.state	tylue			
PLEASE H	IAVE VENDORS SEND INVOICES to 7	10Accounting@hhsc.state.	.tx.us			
PLEASE H. QUOTE: PURCHAS		710Accounting@hhsc.state.	.tx.us			
PLEASE H. QUOTE: PURCHAS Not to Exce REQUIREN	IAVE VENDORS SEND INVOICES to 7			e. FY2023 fundin	ıg.	
PLEASE H. QUOTE: PURCHAS Not to Exce REQUIREN This PO is	AVE VENDORS SEND INVOICES to 7 SING METHOD: SP/E eed \$10,000.00 MENTS/LIMITATIONS:	lity of lawful appropriations		ə. FY2023 fundin	ıg.	
PLEASE H. QUOTE: PURCHAS Not to Exce REQUIREN This PO is Invoice per	AVE VENDORS SEND INVOICES to 7 SING METHOD: SP/E eed \$10,000.00 MENTS/LIMITATIONS: contingent upon the continued availabil	lity of lawful appropriations		ə. FY2023 fundin	ıg.	
PLEASE H. QUOTE: PURCHAS Not to Exce REQUIREN This PO is Invoice per Requisition	AVE VENDORS SEND INVOICES to 7 SING METHOD: SP/E eed \$10,000.00 MENTS/LIMITATIONS: contingent upon the continued availabil r 34 TAC §20.487, amended effective M	lity of lawful appropriations lay 1, 2022	by the Texas Legislatur	ə. FY2023 fundin	ng.	
PLEASE H. QUOTE: PURCHAS Not to Exce REQUIREN This PO is Invoice per	AVE VENDORS SEND INVOICES to 7 SING METHOD: SP/E eed \$10,000.00 MENTS/LIMITATIONS: contingent upon the continued availabil r 34 TAC §20.487, amended effective M	lity of lawful appropriations lay 1, 2022		e. FY2023 fundin 31.79000	-	02/15/2023

#### **Purchase Order**

**Dispatch via Print** 

Payment Te Net 30	Prepaid & Allow BEST WAY		WAY	Purc	hase Order		HHSTX-3-000030981		
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			Date 02/09/23 Ship To:		Revision		Pag		
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.					6563 - Abilene:2501 Maple St HEALTH & HUMAN SERVICES COMMISSION 2501 Maple St 2501 Maple St Abilene TX 79602 United States				
Vendor:	1592663954 1 OFFICE DEPOT LLC PO BOX 660113 DALLAS TX 752660113 <b>United States</b>			Bill To:		Invoice - DADS HEALTH & HUMAN SERVICES COMMISSION 2501 Maple St PO Box 451 Abilene TX 79602 United States			
				Fax: Email:		325/795-3807 710Accounting@hhsc.state.tx.us			
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	Purch UOM	naser:	Mills,George M PO Price	Extended Amt	Due Date	
		Chappy Herri	Quantity	0011	Item Total	for Line 1		Dut Dut	
2-1	Pencil Mechanical- Goods FY23 CG9 AbSSLC	620-70	5.00	PCK		1.08000	\$5.40	02/15/2023	
					Schedule Total		\$5.40		
					Item Total	for Line 2	\$5.40		
3-1	Ruler-Goods FY23 CG9 AbSSLC	615-79	1.00	EA		5.09000	\$5.09	02/15/2023	
					Sche	dule Total	\$5.09		
02/00/2023	Price change from \$1.90 to \$5.09 per ea. GN	Л			Item Total	for Line 3	\$5.09		
52/09/2023 1						13.85000	\$27.70	02/15/2023	
	Papermate Pen (black) Goods FY23 CG9 AbSSLC	620-80	2.00	DOZ		13.85000	¢27770		
4-1	1 · · · · ·	620-80	2.00	DOZ	Sche	dule Total			
	1 · · · · ·	620-80	2.00	DOZ			\$27.70		

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.

#### **Purchase Order**

**Payment Terms** Freight Terms Ship Via HHSTX-3-0000309819 Net 30 Prepaid & Allow BEST WAY **Purchase Order** If advertised by informal bid, Invitation for Offer, or Request for Proposal; all Revision Date Page 02/09/23 specifications, terms, and conditions set forth in the advertisement and vendor's 4 conforming responses become a part of this numbered purchase order. Contractor 6563 - Abilene:2501 Maple St Ship To: guarantees goods or services delivered meet or exceed numbered purchase order HEALTH & HUMAN SERVICES COMMISSION requirements. 2501 Maple St All shipments, shipping papers, invoices, and correspondence must be identified 2501 Maple St Abilene TX 79602 with our Purchase Order Number. United States 15926639541 Vendor: Bill To: Invoice - DADS OFFICE DEPOT LLC HEALTH & HUMAN SERVICES COMMISSION PO BOX 660113 2501 Maple St PO Box  $\hat{4}51$ DALLAS TX 752660113 Abilene TX 79602 **United States** United States 325/795-3807 Fax: 710Accounting@hhsc.state.tx.us Email: **Purchaser:** Mills,George M Line-Sch **Inventory Item ID - Line Description** Class/Item Extended Amt Quantity UOM **PO Price** Due Date

Authorized By +M@ CTCD 02/09/2023

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