

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-3-0000310140
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 02/14/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 1
		Ship To:	4547 - Wichita Falls:6515 Kemp Blv HEALTH & HUMAN SERVICES COMMISSION 6515 Kemp Blvd PO Box 300 Wichita Falls TX 76308 United States

Vendor: 1272070628 7
 AHI ENTERPRISES LLC
 16120 COLLEGE OAK STE 105
 SAN ANTONIO TX 782494044
 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: Connell,Ron Lee

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY23 General Goods

Term Contract: 615-A1
 CP/A

Requisition #: HHSTX-3-0000218408
 Texas Smart Buy PO - 23089876

Requester: Dawna Fulford
 Phone #: +1 (940) 552-4337
 Email: Dawna.Fulford@hhs.texas.gov

SHIP TO ATTN: Becky Lane, 940-689-5302, rebekah.lane@hhs.texas.gov

Purchaser Name: Ron Connell
 Phone #: 512-406-2666
 Email: ron.connell@hhs.texas.gov

Vendor Name: AHI ENTERPRISES LLC
 Contact: Mark Nolan
 Phone #: 210-653-7770
 Email: care@ahitexas.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.

1-1	Easel Pad, Self-Adhesive, 25" x 30", Unruled, White, 40 Sheets, 6/Pk; Item # 78547555605	785-47	10.00	PCK	84.24000	\$842.40	02/16/2023
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All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 2
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Vendor: 1272070628 7
AHI ENTERPRISES LLC
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Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
Schedule Total							\$842.40
Item Total for Line 1							\$842.40
Total PO Amount							\$842.40

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



02/15/2023