## Health and Human Services Commission

## Purchase Order

					Dispatch via Print
Payment Term Net 30	ns Freight Terms FOB Dest. Prepaid & Allowed	<b>Ship Via</b> BEST WAY	Purchase Order	HHS	TX-3-0000310273
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			<b>Date</b> 02/16/23	Revision	Page 1
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:	Ship To: 6563 - Abilene:2501 Maple St HEALTH & HUMAN SERVICES COMMIS 2501 Maple St 2501 Maple St Abilene TX 79602 United States		
Vendor:	1751964049 8 MUELLER SUPPLY COMPANY INC 1753 N IH 35 NEW BRAUNFELS TX 781302503 <b>United States</b>		Bill To:	Invoice - DADS HEALTH & HUMAN SEI 2501 Maple St PO Box 451 Abilene TX 79602 United States	RVICES COMMISSION
			Fax: Email:	325/795-3807 710Accounting@hhsc.stat	e.tx.us
			Purchaser:	Fletcher,Patricia Rose	
Line-Sch II	Inventory Item ID - Line Description Cl	ass/Item Quantity	UOM	PO Price Exte	ended Amt Due Date

This Blanket Purchase Order is for the period of 2/16/2023 through 8/31/2023. Please do not ship or invoice prior to 2/16/2023. Do not ship until notified by the Agency contact.

Your invoices are not to exceed \$1000.00

HHSC does not commit to ordering specific dollar amounts with respect to this contract. The agency shall be obligated to pay for only those goods actually ordered and received by the agency. Any funds not utilized by 08/31/2023 are automatically cancelled.

Your SME Agency Contact: Thomas DeLuna

SME Agency Contact phone: 325-795-3575

SME Agency Contact email: Thomas.Deluna@hhs.texas.gov

PURCHASER: Patricia Fletcher Phone: 512-406-2538 EMAIL: Patricia.Fletcher@hhsc.state.tx.us

Vendor Name: Mueller Supply Company Inc. Vendor Address: 1753 N IH 35 Vendor City Zip: New Braunfels, TX 78130-2503 Vendor Contact: Tamara Meltz Vendor Contact Phone: 325-690-7700 ext 7203 Vendor Contact Email: tammy.meltz@muellerinc.com

Please find a copy of our standard terms and conditions attached.

Please confirm receipt of this purchase order.

NOTE: FREIGHT TERMS ARE FOB DESTINATION PREPAY AND ALLOW Delivery hours are from 8:00-11:30 AM and 1:00-4:30 PM Monday Friday except designated State Holidays 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

1-1		967-49	1.00	LOT	10000.00000	\$10,000.00	02/28/2023
	FY23-BLANKET FOR METAL/STEEL						

**Schedule Total** \$10,000.00

## **Health and Human Services Commission**

## **Purchase Order**

					Dispa	tch via Print
Payment Ter Net 30	ms Freight Terms FOB Dest. Prepaid & Allowed	<b>Ship Via</b> BEST WAY	Purchase Order	HHSTX-3-0000310273		
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. All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.		Date 02/16/23	Revision		<b>Page</b> 2	
		Ship To:	6563 - Abilene:2501 Maple St HEALTH & HUMAN SERVICES COMMI 2501 Maple St 2501 Maple St Abilene TX 79602 United States		OMMISSION	
Vendor:	1751964049 8 MUELLER SUPPLY COMPANY INC 1753 N IH 35 NEW BRAUNFELS TX 781302503 <b>United States</b>		Bill To:	Invoice - DADS HEALTH & HUMAN SERVICES COMMIS 2501 Maple St PO Box 451 Abilene TX 79602 United States		OMMISSION
			Fax: Email:	325/795-3807 710Accounting(	@hhsc.state.tx.us	
			Purchaser:	Fletcher,Patric		
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantity	UOM Item Total	PO Price	Extended Amt \$10,000.00	Due Date
			Total P	O Amount	\$10,000.00	

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	
Patricia Fletcher, CTPM	02/16/2023