Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	ннѕт	TX-3-0000310626	
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 02/22/23	Revision 1 - 2/22/2023	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			Ship To:	6433 - Carlsbad:11640 US Hwy 87 N HEALTH & HUMAN SERVICES COMMISSION 11640 US Hwy 87 N 11640 N US Hwy 87		
with our Purchase Order Number.		Date To	Carlsbad TX 76934 United States			

Vendor: 1311733723 1

HUBERT COMPANY LLC 9555 DRY FORK RD HARRISON OH 450301906

United States

Invoice - DADS Bill To:

HEALTH & HUMAN SERVICES COMMISSION

2501 Maple St PO Box 451 Abilene TX 79602 United States

325/795-3807 Fax:

Email: 710Accounting@hhsc.state.tx.us

Purchaser: Alexander, Leslie L 512/406-2424 Line-Sch **Inventory Item ID - Line Description** Class/Item Quantity **UOM** PO Price Extended Amt Due Date

FY23 Purchase

Procurement Type: SP/E

Requisition #: 0000216623

INVOICING - See above for Bill to Information

See above for SHIP TO ADDRESS ON PO

Agency Delivery Contact: Mirna Muns / (325) 465-2730 Email: Mirna.Muns@hhs.texas.gov

HHSC terms and conditions attached.

Purchaser Information: HHSC Purchasing:

Contact Name: Leslie Alexander Contact Phone: 512-406-2424

Fax: 512-406-2695

Email: Leslie.Alexander@hhs.texas.gov

VENDOR INFORMATION

Vendor Name: Hubert Company LLC

Contact: Debbie Hauser Telephone: 800-543-7374 Email: sales@hubert.com

Quote #: Q545639 / 02/22/2023

Freight Terms are FOB Destination Prepaid and Allowed/Add

Terms: Net 30

141.00000 1-1 240-87 4.00 CS \$564.00 02/28/2023

14978 - PLATE, NARROW RIM, 9"

DIA. BEIGE

Schedule Total \$564.00

Health and Human Services Commission

Purchase Order

						Dispa	tch via Print
Payment Term Net 30	s Freight Terms Prepaid & Allow	Ship V BEST		Purchase	Order	HHSTX-3-00	000310626
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 02/22/23	Revision 1 - 2/22/2023		Page 2
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Vendor:	1311733723 1 HUBERT COMPANY LLC 9555 DRY FORK RD HARRISON OH 450301906 United States			Bill To:	Invoice - DADS HEALTH & HU 2501 Maple St PO Box 451 Abilene TX 7960 United States	MAN SERVICES CO	DMMISSION
				Fax: Email:	325/795-3807 710Accounting@	hhsc.state.tx.us	
				Purchaser:	Alexander,Lesli	e L 51	12/406-2424
Line-Sch Ir	nventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
					Total for Line 1		
2-1 SI	hipping	962-86	1.00	LOT	132.63000	\$132.63	02/28/2023
					Schedule Total	\$132.63	
				Item	Total for Line 2	\$132.63	

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	
Lastie Hant S, CTP	02/22/2023

Total PO Amount