Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via				
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHS	STX-3-0000310804	
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 02/27/23	Revision Page		
			Ship To:	hip To: 0011 - Abilene:4601 S 1st St HEALTH & HUMAN SERVICES COM! 4601 S 1st St		
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			PO Box 521 Abilene TX 79605 United States			
	20000000					

Vendor: 1900999880 8

SOUTH CENTRAL SUPPLY LLC 828 BETTERMAN DR

PFLUGERVILLE TX 786605117

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: Connell,Ron Lee

FY23 General Goods

Spot Purchase Open Market

SP/E

Requisition #: HHSTX-3-0000219520

Requester: Beth Laird Phone #: (325) 795-5729 Email: beth.laird@hhs.texas.gov

SHIP TO ATTN: Beth Laird, (325) 795-5729, beth.laird@hhs.texas.gov

Purchaser Name: Ron Connell Phone #: 512-406-2666

Email: ron.connell@hhs.texas.gov

Vendor Name: SOUTH CENTRAL SUPPLY LLC

Contact: Joe Martinez Phone #: 512-367-0311 Email: sales@supplytexas.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.

Quote # Q16160

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.

1-1 037-52 40.00 EA 10.17000 \$406.80 03/13/2023

Health and Human Services Commission

Purchase Order

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Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSTX-3	3-0000310804	
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			Ship To:	0011 - Abilene:4601 S 1st St HEALTH & HUMAN SERVICES COMMISSION 4601 S 1st St PO Box 521 Abilene TX 79605 United States		

SOUTH CENTRAL SUPPLY LLC

828 BETTERMAN DR

PFLUGERVILLE TX 786605117

United States

HEALTH & HUMAN SERVICES COMMISSION

4601 W Guadalupe St Austin TX 78751 United States

Fax: 512/424-6901

Email: HHSC_AP@hhsc.state.tx.us

				Purc	haser: Connell,Ro	n Lee	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
2-1	FY23 - Estimated Shipping Fee				Schedule Total	\$406.80	
					Item Total for Line 1	\$406.80	
		962-86	1.00	EA	72.65000	\$72.65	03/13/2023
					Schedule Total	\$72.65	
					Item Total for Line 2	\$72.65	
					Total PO Amount	\$479.45	

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

Performance under this purchase order is acceptance of the attached affirmations and terms and conditions.

Authorized By	
Reef.	02/28/2023