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-3-0000310832	
specifications, terms	rmal bid, Invitation for Offer, or s, and conditions set forth in the a	dvertisement and vendor's	Date 02/27/23	Revision Page		
conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.			Ship To:	iip To: 3137 - Tyler:3303 Mineola Hwy HEALTH & HUMAN SERVICES COMMISSION 3303 Mineola Hwy		
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			PO Box 5200 Tyler TX 75702 United States			
		·				

Vendor: 1453328644 0

AMAZON CAPITAL SERVICES INC

PO BOX 35184

SEATTLE WA 981245185

United States

Bill To: Invoice-HHSC; Region 04 Headqu

HEALTH & HUMAN SERVICES COMMISSION

302 E Rieck Rd Tyler TX 75703 United States

Fax: 903 534 8487

Email: paula.thurman@hhsc.state.tx.us

Purchaser: Connell,Ron Lee

FY23 General Goods

Spot Purchase Open Market

SP/E

Requisition #: HHSTX-3-0000220006

Requester Name: Darin Adams Phone #: 903-533-4258

Email: Darin.Adams@hhs.texas.gov

SHIP TO ATTN: Darin Adams, 903-533-4258, Darin.Adams@hhs.texas.gov

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

Email: ron.connell@hhs.texas.gov

Vendor Name: AMAZON CAPITAL SERVICES INC

Contact: Customer Service Phone #: 1-888-280-4331

Email: ar-businessworkbench@amazon.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.

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.

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment To	ě .	Ship V					
specification	advertised by informal bid, Invitation for Offer, or Request for Proposal; all ecifications, terms, and conditions set forth in the advertisement and vendor's		Purchase Order Date 02/27/23	Revision	HHSTX-3-0000310832		
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:	3137 - Tyler:3303 Mineola Hwy HEALTH & HUMAN SERVICES COMMISSION 3303 Mineola Hwy PO Box 5200 Tyler TX 75702 United States		
Vendor:	1453328644 0 AMAZON CAPITAL SERVICES INC PO BOX 35184 SEATTLE WA 981245185 United States			Bill To:	Invoice-HHSC; R HEALTH & HUN 302 E Rieck Rd Tyler TX 75703 United States	legion 04 Headqu MAN SERVICES COMMISSION	
				Fax: Email:	903 534 8487 paula.thurman@h	hsc.state.tx.us	
				Purchaser:	Connell,Ron Lee	e	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt Due Date	
number, in to the BILL	nd Payment: The invoice shall contain all voice date, and the total invoice amount. TO ADDRESS ON PO. Payment terms roperly invoice which may delay payments. S1007 Black/Yellow 1.5"x16",Ratchet Tie Down Straps,Heavy Cargo Hauling (3,300 lbs Break),2 Pack,ASIN-B07V6X65QD,Mfr-Stanley	Each invoice s are net thirty da	hall also hav	e an attached copy of	the bill in order to	be paid. Mail all original invoices	
				Sche	dule Total	\$37.70	
				Item Total	for Line 1	\$37.70	
				Total P	O Amount	\$37.70	

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.

Authorized By	
Reef.	
0	02/27/2023