Health and Human Services Commission

Purchase Order

				Dispatch via	Print
Payment Terr Net 30	ns Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-3-0000310)935
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 02/28/23	Revision	Page 1
			Ship To:	Y909 - Austin:12300 Technology Blv HEALTH & HUMAN SERVICES COMMISSION 12300 Technology Blvd Austin TX 78727 United States	
Vendor:	1900999880 8 SOUTH CENTRAL SUPPLY LLC 828 BETTERMAN DR PFLUGERVILLE TX 786605117 United States		Bill To:	Print Shop North HEALTH & HUMAN SERVICES COMMISSIC 12300 Technology Blvd Austin TX 78727 United States	DN

				Purchaser:	Connell,Ron Lee		
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date

FY23 General Goods

Spot Purchase Open Market SP/E

Requisition #: HHSTX-3-0000219353

Requester: Jennifer Rimes Phone #: 512-250-7124 Email: jennifer.rimes@hhs.texas.gov

SHIP TO ATTN: Jennifer Rimes, 512-250-7124, jennifer.rimes@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 # Q16274

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		700-67	1.00	EA	4495.00000	\$4,495.00	03/07/2023
	Item # - LT-41 EZ Turner EZ-41Paper Pile Turner						

Schedule Total \$4,495.00

Health and Human Services Commission

Purchase Order

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	by informal bid, Invitation for Offer, or Red			Date	Revision		Page
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.		<u></u>	0	Purchaser:	Connell,Ron Lee		
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
				Item Total	for Line 1	\$4,495.00	
2-1	FREIGHT	962-86	1.00	EA	495.00000	\$495.00	03/07/2023
				Sche	edule Total	\$495.00	

Item Total for Line 2 _____ \$495.00

Total PO Amount \$4,990.00

Dispatch via Print

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.	<u>02/28/2023</u>