Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via		UL	ISTX-3-0000310943	
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	П	13 1 1 2-00003 10343	
If advertised by infor	mal bid, Invitation for Offer, or	Request for Proposal; all	Date	Revision	Page	
specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor			02/28/23	1		
0 1		•	Ship To: Y909 - Austin:12300 Technology Blv			
0 .	services delivered meet or excee	ed numbered purchase order	•	HEALTH & HUMAN SERVICES COMMISSION		
requirements.				vd.		
All shipments, shipp	oing papers, invoices, and corr	espondence must be identified	12300 Technology Blvd Austin TX 78727			
with our Purchase (Order Number.			United States		
			_			

Vendor: 1363684738 9 Bill To: Invoice-HHSC Accounting

ULINE INC
PO BOX 88741

HEALTH & HUMAN SERVICES COMMISSION
4601 W Guadalupe St

4601 W Guadalupe St Austin TX 78751 United States

Fax: 512/424-6901

Email: HHSC_AP@hhsc.state.tx.us

Line-SchInventory Item ID - Line DescriptionClass/ItemQuantityUOMPO PriceExtended AmtDue Date

SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO.

FREIGHT: F.O.B. Destination Freight Prepaid Allowed

CHICAGO IL 606801741

United States

DELIVERY: 15 Days After Receipt of PO

Delivery hours are from 8:00-11:30 AM and 1:00-4:30 PM Monday Friday except designated State Holidays

AGENCY CONTACT:

derek.scheible@hhs.texas.gov 512-970-1262 christina.bittick@hhs.texas.gov 512-428-1902

HHSC BUYER:

Darryl Manor, Purchaser CTCD

Temp Cell: 512-853-0576 Phone: (512) 406-2475 E-Mail Address: darryl.manor@hhs.texas.gov

VENDOR: U-Line Inc.

Rep. Stephen Moreno Ph: 877-299-4721 Ext: 4977 E-Mail: smoreno@uline.com

Ph: 800-295-5510

E-Mial: customer.service@uline.com

QUOTE: #81575565

PURCHASING METHOD: SP/E

REQUIREMENTS/LIMITATIONS:

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

Requisition: 0000219957

1-1 310-30 8.00 CTN 70.00000 \$560.00 03/15/2023

		Purchas	e Order			
					Disp	atch via Print
Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Orde	r	HHSTX-3-0	0000310943
specifications, terr	formal bid, Invitation for Offer, or Rec ms, and conditions set forth in the adve	Date 02/28/23	Revision Pa			
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U P C	.363684738 9 JLINE INC PO BOX 88741 CHICAGO IL 606801741 United States		Bill To:	Invoice-HHSC Accounting HEALTH & HUMAN SERVICES COMMISSION 4601 W Guadalupe St Austin TX 78751 United States		COMMISSION
			Fax: Email:	512/424-6901 HHSC_AP@hl	hsc.state.tx.us	
			Purchaser:	Manor, Darryl	Dwayne :	512/406-2475
Line-Sch Inve	entory Item ID - Line Description	Class/Item Quantity	UOM	PO Price	Extended Amt	t Due Date
			Sch	nedule Total	\$560.00	_
			Item Tota	l for Line 1	\$560.00	

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
					Schedule Total	\$560.00	
					Item Total for Line 1	\$560.00	
2-1	S-9988 ULINE SELF-SEAL GOLD	640-10	4.00	CTN	46.00000	\$184.00	03/15/2023
	BUBBLE MAILERS #4 - 9 1/2 X 14 1/2"						
					Schedule Total	\$184.00	
					Item Total for Line 2	\$184.00	
3-1		210 67	2.00	CTN	44.00000	¢122.00	02/15/2022
3-1	S-5276 JUMBO ENVELOPES -	310-67	3.00	CTN	44.00000	\$132.00	03/15/2023
	KRAFT, 12 1/2 X 18 1/2"				61.11.7.41	¢122.00	
					Schedule Total	\$132.00	
					Item Total for Line 3	\$132.00	
4-1		620-90	36.00	EA	1.10000	\$39.60	03/15/2023
	H-286BL SHARPIE® MARKERS - BLACK						
					Schedule Total	\$39.60	
					Item Total for Line 4	\$39.60	
		620.00	2.00	DIVO	0.50000	#10.10	02/15/2022
5-1	S-17367FY SHARPIE®	620-90	2.00	PKG	9.59000	\$19.18	03/15/2023
	HIGHLIGHTERS - FLUORESCENT YELLOW						
					Schedule Total	\$19.18	
					Item Total for Line 5	\$19.18	
6-1		445-21	1.00	PKG	18.00000	¢10.00	03/15/2023
0-1	H-64B STANDARD UTILITY	443-21	1.00	rku	18.00000	\$18.00	03/13/2023

Purchase Order

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Payment To Net 30	erms Freight Terms Prepaid & Allow	Ship V		Dur	chase Order		HHSTX-3-0	000310943
Net 30 Prepaid & Allow BEST WAY 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	Date Revision 02/28/23		n Page			
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guarantees goods or services delivered meet or exceed numbered purchase order requirements.					100		JMAN SERVICES CO	
	All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.					Austin TX 7872 United States		
Vendor:	Vendor: 1363684738 9		Bill	HEALTH				
					Fax: Email:	512/424-6901 HHSC_AP@hh	sc.state.tx.us	
					chaser:	Manor, Darryl D	Owayne 5	12/406-2475
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM		PO Price	Extended Amt	Due Date
	BLADES							
					Sche	dule Total	\$18.00	
					Item Total f	or Line 6	\$18.00	
7-1	H-723GR E-Z GLIDE KNIFE - GRAY	445-21	6.00	EA		5.10000	\$30.60	03/15/2023
					Sche	dule Total	\$30.60	
					Item Total f	or Line 7	\$30.60	
8-1	S-11893 ULINE LASER LABELS BULK PACK - WHITE, 2 5/8 X 1"	207-72	1.00	BOX		145.00000	\$145.00	03/15/2023
					Sche	dule Total	\$145.00	
					Item Total f	or Line 8	\$145.00	
9-1	Shipping and handling	962-86	1.00	LOT		126.50000	\$126.50	03/15/2023
					Sche	dule Total	\$126.50	
					Item Total f	or Line 9	\$126.50	
					Total Po	Amount	\$1,254.88	

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.

Purchase Order

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Payment Te	rms Freight Terms	Ship Via			0.000040040	
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSTX-	3-0000310943	
	by informal bid, Invitation for Offer, or F		Date	Revision	Page	
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Vendor:	Vendor: 1363684738 9 ULINE INC PO BOX 88741 CHICAGO IL 606801741 United States			Invoice-HHSC Accounting HEALTH & HUMAN SERVICES COMMISSION 4601 W Guadalupe St Austin TX 78751 United States		
			Fax: Email:	512/424-6901 HHSC_AP@hhsc.state.tx.us		
			Purchaser:	Manor, Darryl Dwayne	512/406-2475	

Quantity UOM

Line-Sch Inventory Item ID - Line Description Class/Item

Authorized By

PO Price

Dand man CTP

02/28/2023

Extended Amt Due Date