#### **Health and Human Services Commission**

### **Purchase Order**

**Dispatch via Print** 

Payment Terms	Freight Terms	Ship Via	Bunch and Onder		HHSTX-3-0000310959	
	Prepaid & Allow mal bid, Invitation for Offer, or		Purchase Order 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 guarantees goods or services delivered meet or exceed numbered purchase order			02/28/23 Ship To:	1 6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION		
requirements.  All shipments, shipp with our Purchase (		respondence must be identified	_	1111 W North L Austin TX 78756 United States	oop	
			_			

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

 Purchaser:
 Manor, Darryl Dwayne
 512/406-2475

 Line-Sch
 Inventory Item ID - Line Description
 Class/Item
 Quantity
 UOM
 PO Price
 Extended Amt
 Due 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: 10 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:

jose.villarreal@hhs.texas.gov 512-317-3348 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-Mail: customer.service@uline.com

QUOTE: #82821489

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: 0000219507

1-1 640-44 2.00 CTN 132.00000 \$264.00 03/15/2023

# **Health and Human Services Commission**

# **Purchase Order**

Dispatch via Print

Payment Te	erms Freight Terms	Ship V	/ia			•	itch via Print	
Net 30	Prepaid & Allow by informal bid, Invitation for Offer, or Rec	BEST	WAY	Purchase Order		HHSTX-3-0		
specification	s, terms, and conditions set forth in the adve	ertisement and ve	endor's	02/28/23	Revision		Page 2	
guarantees g requirements All shipmen	responses become a part of this numbered proods or services delivered meet or exceed ns.  tts, shipping papers, invoices, and corresprehase Order Number.	umbered purchas	se order	Ship To:		3756	OMMISSION	
Vendor:	1363684738 9 ULINE INC PO BOX 88741 CHICAGO IL 606801741 <b>United States</b>	NC 88741 O IL 606801741		Bill To:	Invoice-HHSC Accounting HEALTH & HUMAN SERVICES COMMISSION 4601 W Guadalupe St Austin TX 78751 United States			
				Fax: Email:	512/424-690 HHSC_AP@	l hhsc.state.tx.us		
Line-Sch	Inventory Item ID - Line Description	Class/Item	Ouantity	Purchaser: UOM	Manor,Darry	yl Dwayne 5 Extended Amt	12/406-2475 <b>Due Date</b>	
					edule Total			
				Item Total	for Line 1	\$264.00		
2-1	S-5121 ULINE AIR BUBBLE WRAP ROLL - 24" X 75', 1/2"	640-43	16.00	CTN	32.00000	\$512.00	03/15/2023	
				Sch	edule Total	\$512.00		
				Item Total	for Line 2	\$512.00		
3-1	S-13944 ULINE SELF-SEAL GOLD BUBBLE DVD MAILERS - 7 1/4 X 10 1/4"	640-10	2.00	CTN	35.00000	\$70.00	03/15/2023	
				Sch	edule Total	\$70.00		
				Item Total	for Line 3	\$70.00		
4-1	Shipping and handling	962-86	1.00	LOT	163.58000	\$163.58	03/15/2023	
	-			Sch	edule Total	\$163.58		

Item Total for Line 4 \$163.58

Total PO Amount \$1,009.58

### **Health and Human Services Commission**

#### **Purchase Order**

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Net 30	Prepaid & Allow	Ship V BEST		Purchase Order	НН	STX-3-0000310959
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			<b>Date</b> 02/28/23	Revision	Page 3	
guarantees requirement All shipme	responses become a part of this numbered p goods or services delivered meet or exceed n ts. nts, shipping papers, invoices, and corresp urchase Order Number.	umbered purchas	e order	Ship To:	6694 - Austin:1111 W HEALTH & HUMAN S 1111 W North Loop Austin TX 78756 United States	North Loop SERVICES COMMISSION
Vendor:	1363684738 9 ULINE INC PO BOX 88741 CHICAGO IL 606801741 <b>United States</b>			Bill To:	Invoice-HHSC Account HEALTH & HUMAN S 4601 W Guadalupe St Austin TX 78751 United States	ting SERVICES COMMISSION
				Fax: Email:	512/424-6901 HHSC_AP@hhsc.state.	tx.us
				Purchaser:	Manor, Darryl Dwayne	512/406-2475
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price E	xtended Amt Due Date

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.

Freight Torme

**Authorized By** 

Dand man CTP

02/28/2023