

# Health and Human Services Commission

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> Prepaid & Allow	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>HHSTX-3-0000311117</b>
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.			<b>Date</b> 03/01/23
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> 1 - 3/2/2023
			<b>Page</b> 1
			<b>Ship To:</b> 0293 - Beaumont:1090 S 4th St HEALTH & HUMAN SERVICES COMMISSION 1090 S 4th St Beaumont TX 77701 United States

**Vendor:** 1900999880 8  
SOUTH CENTRAL SUPPLY LLC  
828 BETTERMAN DR  
PFLUGERVILLE TX 786605117  
United States

**Bill To:** Invoice-HHSC Reg 05 ; Administ  
HEALTH & HUMAN SERVICES COMMISSION  
350 Pine St Flr 9  
Beaumont TX 77701  
United States

**Fax:** 409/951-3209  
**Email:** Reg05\_Admin\_Services@hhs.state.tx.us

**Purchaser:** Wherry, Valerie F 940/720-8479

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

PLEASE REPLY TO CONFIRM RECEIPT OF THIS PURCHASE ORDER TO FAX NUMBER (940)720-8446 OR TO valerie.wherry@hhs.texas.gov

\*\*\*\*\*NOTE TO VENDOR - INVOICING STANDARDS\*\*\*\*\*

: (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, and 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.

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

DELIVERY: 7-14 Days After Receipt of PO

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

AGENCY CONTACT:

Laura Kvarme  
(409)730-4007  
laura.kvarme@hhs.texas.gov

HHSC BUYER:

Valerie Wherry  
(940)720-8479  
valerie.wherry@hhs.texas.gov

VENDOR:

Hope Craft  
(512)367-0311  
sales@supplytexas.gov

QUOTE Q16355

PURCHASING METHOD: SP/E

# Health and Human Services Commission

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> Prepaid & Allow	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>HHSTX-3-000031117</b>
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.			<b>Date</b> 03/01/23
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> 1 - 3/2/2023
			<b>Page</b> 2
			<b>Ship To:</b> 0293 - Beaumont:1090 S 4th St HEALTH & HUMAN SERVICES COMMISSION 1090 S 4th St Beaumont TX 77701 United States

**Vendor:** 1900999880 8  
SOUTH CENTRAL SUPPLY LLC  
828 BETTERMAN DR  
PFLUGERVILLE TX 786605117  
United States

**Bill To:** Invoice-HHSC Reg 05 ; Administ  
HEALTH & HUMAN SERVICES COMMISSION  
350 Pine St Flr 9  
Beaumont TX 77701  
United States

**Fax:** 409/951-3209  
**Email:** Reg05\_Admin\_Services@hhsc.state.tx.us

**Purchaser:** Wherry, Valerie F 940/720-8479

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

Not to Exceed \$10,000.00

**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 0000218726

1-1	Model #FFTR1835VW, Frigidaire 18.3 Cu. Ft. Top Freezer Refrigerator in White Dimensions: H 66.375 in, W 30 in, D 30.375 in	740-70	2.00	EA	<b>\$725.99</b>	<b>\$1,451.98</b>	03/01/2023
<b>Schedule Total</b>						\$1,451.98	
<b>Item Total for Line 1</b>						\$1,451.98	
2-1	Model #MCM1611W, Magic Chef 1.6 cu. ft. Countertop Microwave Oven in White 1100-Watt Dimensions: H 12.8 in, W 21.8 in, D 17.9 in	165-60	2.00	EA	<b>\$164.99</b>	<b>\$329.98</b>	03/01/2023
<b>Schedule Total</b>						\$329.98	
<b>Item Total for Line 2</b>						\$329.98	
<b>Total PO Amount</b>						\$1,781.96	

# Health and Human Services Commission

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> Prepaid & Allow	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>HHSTX-3-0000311117</b>
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.			<b>Date</b> 03/01/23
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> 1 - 3/2/2023
			<b>Page</b> 3
			<b>Ship To:</b> 0293 - Beaumont:1090 S 4th St HEALTH & HUMAN SERVICES COMMISSION 1090 S 4th St Beaumont TX 77701 United States

**Vendor:** 190099880 8  
SOUTH CENTRAL SUPPLY LLC  
828 BETTERMAN DR  
PFLUGERVILLE TX 786605117  
United States

**Bill To:** Invoice-HHSC Reg 05 ; Administ  
HEALTH & HUMAN SERVICES COMMISSION  
350 Pine St Flr 9  
Beaumont TX 77701  
United States

**Fax:** 409/951-3209  
**Email:** Reg05\_Admin\_Services@hhsc.state.tx.us

**Purchaser:** Wherry, Valerie F 940/720-8479

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended 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.

**Authorized By**

*Valerie Wherry, CTCO*

**03/02/2023**