

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-3-0000311158
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.			Date 03/02/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 1
			Ship To: 5059 - Kerrville:721 Thompson Dr HEALTH & HUMAN SERVICES COMMISSION 721 Thompson Dr Kerrville TX 78028 United States

Vendor: 1460739622 4
MATTHEW P HUFF DDS PA
PRECISION DENTISTRY & IMPLANTS
321 W WATER ST
KERRVILLE TX 780284230
United States

Bill To: Invoice-DSHS Accounts Payable
HEALTH & HUMAN SERVICES COMMISSION
6711 S New Braunfels
Ste 100
San Antonio TX 78223
United States

Fax: 210/531-7883
Email: SAHAccounting@dshs.texas.gov

Purchaser: Griffin,Valerie 512/406-2458

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY23 Funding

EX/0 - Legal Cite 2155.144 Client Purchase

PO must not exceed \$10,000.00

Requisition: 0000219848

Pricing per attached Fee Schedule

PO Service Dates: 03-02-2023 to 08-31-2023

Services to be performed: Dental Services

Attached Terms and Conditions apply to this Purchase Order.

****VENDORS SEND INVOICES VIA EMAIL TO**:** SAHACCOUNTING@dshs.texas.gov

This purchase order is contingent upon the continued availability of lawful appropriations by the Texas Legislature and may be canceled at any time in whole or part without penalty. HHS or the agency does not commit to ordering specific quantities of goods/services or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those goods and/or services ordered and received by the agency. Any funds not utilized by 08-31-2023 are automatically canceled.

Vendor Contact

First and Last Name: Felicia Davis Langston
Phone number: 830.896.8343
Email address: FD1@pd.kerrville.com

Agency Contact

First and Last Name: Lisa Rowett
Phone number: 830.896.2211 ext 6122
Email address: Lisa.rowett@hhs.texas.gov
Facility: Kerrville State Hospital

Contract Manager: Maria Elena Cabrera CTCM
Phone number: 210.531.7356
Email address: Mariaelena.Cabrera1@hhs.texas.gov

PCS Contact

First and Last Name: Valerie Griffin
Phone number: 512.406.2458
Email address: Valerie.Griffin@hhs.texas.gov

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1-1	FY23 Client Services as needed according to the attached Statement of Work; Term: 03/02/23-08/31/23, no renewals.	948-28	1.00	LOT	10000.00000	\$10,000.00	03/02/2023
Schedule Total						\$10,000.00	
Item Total for Line 1						\$10,000.00	
Total PO Amount						\$10,000.00	

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 Griffin, CTCD, CTCM	03/02/2023
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