Health and Human Services Commission

Purchase Order

TX SmartBuy PO ID

Payment T Net 30	Prepaid & Allow	Ship Vi BEST V Request for Proposal	VAY	Purchase Order Date	HHSTX-3-0000311382 Revision Page		
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.				03/06/23 Ship To:	4551 - Austin:4301 N Lamar Blvd HEALTH & HUMAN SERVICES COMMISSION 4301 N Lamar Blvd Austin TX 78751 United States		
Vendor:	1752438342 3 PRODUCTS UNLIMITED INC PO BOX 339 JUSTIN TX 762470339 United States			Bill To:	Invoice - DADS HEALTH & HUMAN SERVICES COMMISSION 4001 Highway 36 South Brenham TX 77833 United States		
				Fax: Email:	979/277-1865 712Accounting@hhs.texas.gov		
Line-Sch	Inventory Item ID - Line Description	Class/Item	Ouantity	Purchaser: UOM	Martinez,Travis 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

DELIVERY: 14 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: Whse Supvr Ronnie Romo Ph - 512-419-2938 ronnie.romo@hhs.texas.gov Reg Mgr Kris Viles

HHSC BUYER: Travis Martinez CTCD 512-438-5685 Travis.martinez@hhs.texas.gov

VENDOR: Products unlimited Susan Raithel 940-648-3073 x 100 sraithel@products-unlimited.com

PURCHASING METHOD: SP/E 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 mim2311545 line 51

Dispatch via Print

Health and Human Services Commission

Purchase Order

	rtBuy PO ID	01.4 MIL			Dispa	tch via Print
Payment Te Net 30	erms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order		HHSTX-3-00	00311382
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			Fax: Email:	979/277-1865 712Accounting	@hhs.texas.gov	
			Purchaser:	Martinez,Travi	s	
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantit	y UOM	PO Price	Extended Amt	Due Date
	SPOT PROD UNLMTD 80008920					
			Sche	dule Total	\$155.68	
			Item Total	Item Total for Line 1		\$155.68
			Total P	O Amount	\$155.68	

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	
This Muster, CTCD	
U ·	<u>03/06/2023</u>