

# 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-3-0000311409</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> 03/06/23
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> 0293 - Beaumont:1090 S 4th St HEALTH & HUMAN SERVICES COMMISSION 1090 S 4th St Beaumont TX 77701 United States
			<b>Page</b> 1

**Vendor:** 1453328644 0  
AMAZON CAPITAL SERVICES INC  
PO BOX 35184  
SEATTLE WA 981245185  
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:** Evans,Jocelynn

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO.

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

DELIVERY: 10 Days After Receipt of PO

PLEASE EMAIL INVOICES TO: Reg05\_Admin\_Services@hhsc.state.tx.us

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.

Agency Contact:  
Name: Katie Franklin  
Phone: 409-730-4012  
Email: katie.franklin@hhs.texas.gov

Ship to Attn: Katie Franklin

Purchaser Information:  
Name: Jocelynn Evans  
Phone #512-776-6233  
Email Address: jocelynn.evans@hhs.texas.gov

Vendor:  
Amazon Capital Services Inc  
VID: 1453328644  
Contact: Customer Service  
Phone: 1-888-280-4331  
Email: ar-businessworkbench@amazon.com

PURCHASING METHOD: SP/E

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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 218889

1-1	ExcelMark A-17 DIY Self-Inking Rubber Office Stamp Kit - Red and Blue Ink	615-77	3.00	EA	14.99000	\$44.97	03/30/2023
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**Schedule Total**                     \$44.97

**Item Total for Line 1**                     \$44.97

**Total PO Amount** \$44.97

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.

<b>Authorized By</b> 	<b>03/31/2023</b>
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