Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Te Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHS	STX-3-0000311472
specification	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.			Revision	Page 1
guarantees g requirements All shipmen				p To: 5035 - Rusk:805 N Dickinson Dr HEALTH & HUMAN SERVICES COMMISSION 805 N Dickinson Dr PO Box 318 Rusk TX 75785 United States	
Vendor:	Vendor: 1361150280 1 W W GRAINGER INC DEPT 829455922 PO BOX 419267 KANSAS CITY MO 641416267		Bill To:	Invoice - DADS HEALTH & HUMAN SERVICES COMMISSION 424 Mesquite Dr PO Box 1132 Mexia TX 76667	

Fax: 254/562-1894

Email: 718Accounting@hhs.texas.gov

United States

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

FY23 Purchase

Procurement Type: SP/E
Requisition #: 0000217097

INVOICING - See above for Bill to Information

United States

See above for SHIP TO ADDRESS ON PO

Agency Delivery Contact: Toni Booker / 903-683-7571 Email: Toni.Booker@hhs.texas.gov

HHSC terms and conditions attached

Purchaser Information: HHSC Purchasing:

Contact Name: Leslie Alexander Contact Phone: 512-406-2424

Fax: 512-406-2695

Email: Leslie.Alexander@hhs.texas.gov

VENDOR INFORMATION Vendor Name: W W Grainger Contact: Customer Services Telephone: 800-472-4643 Email: scs.south@grainger.com

Quote #: 2053668515 / Date: 03/07/2023/ Customer #: 854266541

Freight Terms are FOB Destination Prepaid and Allowed/Add

Terms: Net 30

1-1 450-55 2.00 EA 32.10000 \$64.20 05/31/2023

DAYTON Tine Lock Assembly Kit. (Item # 46J582; Manufacturer Model # MHW003G))

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Term		Ship Via		1110TV 0 00000444T0	
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSTX-3-0000311472	
If advertised by informal bid, Invitation for Offer, or Request for Proposal; all			Date	Revision Page	
	erms, and conditions set forth in the ad		03/07/23	2	
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			Fax: Email:	254/562-1894 718Accounting@hhs.texas.gov	

				Purchaser: Alexander,Leslie		L 512/406-2424	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
					Schedule Total	\$64.20	
				Item	Total for Line 1	\$64.20	
				ר	Total PO Amount	\$64.20	

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

Laslie Hant S, CTP

03/07/2023