Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Te	rms Freight Terms	Ship Via			
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSTX-	-3-0000311593
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.			Date 03/08/23	Revision	Page 1
			Ship To: 2171 - Lubbock:6302 Iola Ave HEALTH & HUMAN SERVICES COMMISSIC 6302 Iola Ave Lubbock TX 79424 United States		
Vendor:	Vendor: 1330398456 4 JOSEPH E HOYLE 220 GREENVIEW DR PAGOSA SPRINGS CO 81147-7769 United States		Bill To:	Invoice-HHSC OES, Texas Works HEALTH & HUMAN SERVICES COMMISSION 6302 Iola Ave Lubbock TX 79424 United States	

Fax: 806/783-6620

Email: HHSC Reg01_Admin_Services@hhsc.state.tx.

\$435.00

Purchaser: Connell,Ron Lee

Item Total for Line 1

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

FY23 General Goods

Spot Purchase Open Market SP/E

Requisition #: HHSTX-3-0000219955

Requester: Joann Gasbarro Phone #: +1 (806) 783-6632

Email: Joann.Gasbarro@hhs.texas.gov

SHIP TO ATTN: Beth Miller, +1 (806) 783-6637, Beth.Miller@hhs.texas.gov

Purchaser Name: Ron Connell Phone #: 512-406-2666

Email: ron.connell@hhs.texas.gov

Vendor Name: Joseph Hoyle dba Trophies Tomorrow/Gavels Galore

Contact: Joe Hoyle Phone #: 866-282-9168 Email: trophiesto@aol.com

Goods and/or services are to be delivered and invoiced after September 1, 2022.

This purchase order is contingent upon the continued availability of lawful appropriations by the Texas Legislature CPA Procurement Manual, and may be cancelled at any time in whole or part without penalty.

Quote # 00001609

Invoicing and Payment: The invoice shall contain all the following in order to be considered for payment: PO number referenced, a unique invoice number, invoice date, and the total invoice amount. Each invoice shall also have an attached copy of the bill in order to be paid. Mail all original invoices to the BILL TO ADDRESS ON PO. Payment terms are net thirty days (30) unless a discount has been offered. Facility is not responsible for failure by the vendor to properly invoice which may delay payment processing.

1-1	8" Octagon Tower, #OOC48A	080-78	3.00	EA	145.00000	\$435.00	03/15/2023
					Schedule Total	\$435.00	

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Vendor:	1330398456 4 JOSEPH E HOYLE 220 GREENVIEW DR PAGOSA SPRINGS CO 81147-7769 United States			Bill To:		OES, Texas Works JMAN SERVICES COMMISSION 424		
				Fax: Email:	806/783-6620 HHSC Reg01_ <i>t</i>	Admin_Services@hhsc.state.tx.		
				Purchaser:	Connell,Ron L	ee		
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt Due Date		
2-1	Freight	962-86	1.00	EA	48.50000	\$48.50 03/15/2023		
				Sc	chedule Total	\$48.50		
				Item Tot	al for Line 2	\$48.50		

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	
Reef.	03/08/2023