Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via				
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHS	STX-3-0000311758	
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 03/09/23	Revision Page		
			Ship To:	3137 - Tyler:3303 Mineola Hwy HEALTH & HUMAN SERVICES COMMISSION 3303 Mineola Hwy		
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.						
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Vendor: 1832646668 9

IDM PRODUCTS LLC 10460 MARKISON RD DALLAS TX 752381650

United States

Bill To: Invoice-HHSC; Region 04 Headqu

HEALTH & HUMAN SERVICES COMMISSION

302 E Rieck Rd Tyler TX 75703 United States

Fax: 903 534 8487

Email: paula.thurman@hhsc.state.tx.us

Purchaser: Evans, Jocelynn

Line-Sch Inventory Item ID - Line Description Class/Item Quantity UOM 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: 7 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

SEND INVOICES TO: reg04_admin_services@hhs.texas.gov

Ship to Attn: Darin Adams

Agency Contact: Name: Darin Adams Phone: 903-533-4258

Email: darin.adams@hhs.texas.gov

Purchaser Information: Name: Jocelynn Evans Phone #512-776-6233

Email Address: jocelynn.evans@hhs.texas.gov

VENDOR:

Dealer VID: 18326466689 Dealer: IDM Products, LLC Contact Name: Gerald Grimes Email: gerald@idmproducts.com

Phone: (972) 345-3952

Address: 10460 Markison Rd. Dallas TX 75238

Include PO Number on invoices, bills, receipts, bill lading, packing slips, and back order.

(a) 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, 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;

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			Ship To:	3137 - Tyler:3303 Mineola Hwy HEALTH & HUMAN SERVICES COMMISSION 3303 Mineola Hwy PO Box 5200 Tyler TX 75702 United States	

Vendor: 1832646668 9

IDM PRODUCTS LLC 10460 MARKISON RD DALLAS TX 752381650

United States

Bill To: Invoice-HHSC; Region 04 Headqu

HEALTH & HUMAN SERVICES COMMISSION

302 E Rieck Rd Tyler TX 75703 United States

Fax: 903 534 8487

Email: paula.thurman@hhsc.state.tx.us

Purchaser: Evans, Jocelynn

I/OM PO Price Extended Amt Due Date

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

(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.

PURCHASING METHOD: CP/X

Procurement methods were evaluated, and the best value is provided using the TXMAS contract.

Txmas Contract: TXMAS-18-51V06

Term:Start Date7/1/2018 End Date 6/30/2023

Smartbuy PO: 23115383

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 219983

445-12 2.42000 1-1 20.00 EA \$48.40 03/23/2023 Steel Utility Knife Blade, 2-1/2"Oal, 5 Pack Supp#-1056118 Mfr#-42100 Mfr-Hyde Tools Schedule Total \$48.40 \$48.40 Item Total for Line 1 616-81 402.00 EA 3.42000 \$1,374.84 03/23/2023

Staples,pack of 5,000,1/4" Leg Length,Steel Standard Staples,20 Sheet Capcity Supp#-48337091 Mfr#-BOSSBS1914CP

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with our ru	irchase Order Number.				Tyler TX 7 United Stat		
Vendor:	1832646668 9 IDM PRODUCTS LLC 10460 MARKISON RD DALLAS TX 752381650 United States	Bill To:	Invoice-HHSC; Region 04 Headqu HEALTH & HUMAN SERVICES COMMIS 302 E Rieck Rd Tyler TX 75703 United States		IISSION		
				Fax: Email:	903 534 84 paula.thurr	187 man@hhsc.state.tx.us	
				Purchaser:	Evans,Joo	celvnn	
Line-Sch	Inventory Item ID - Line Description	Class/Item Qu	uantity	UOM	PO Price	,	ue Date
	Mfr-Stanley Bostitch						
				Scho	edule Total	\$1,374.84	
				Item Total for Line 2		\$1,374.84	
				Total P	O Amount	\$1,423.24	

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.

Payment Terms

Net 30

Freight Terms

Prepaid & Allow

Authorized By Grann, CTCD 03/15/2023