

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-3-0000312034
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 03/14/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 1
			Ship To: 5070 - Harlingen: 1401 S Rangerville DEPARTMENT OF STATE HEALTH SERVICES 1401 S Rangerville Rd PO Box 2668 Harlingen TX 78552 United States

Vendor: 1742917791 2
TARA INC DBA JEANS RESTAURANT SUPPLY
426 S STAPLES ST
CORPUS CHRISTI TX 784013331
United States

Bill To: Invoice-DSHS Accounts Payable
HEALTH & HUMAN SERVICES COMMISSION
6711 S New Braunfels
Ste 100
San Antonio TX 78223
United States

Fax: 210/531-7883
Email: SAHAccounting@dshs.texas.gov

Purchaser: Mills, George M

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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Send correspondence and PO copy to RSC.Purchasing@hhs.texas.gov and Mary.Castillo@hhs.texas.gov
Email Invoices to SAHAccounting@dshs.texas.gov

SHIP TO ATTN: Castillo, Mary (956) 364-8476 Mary.Castillo@hhs.texas.gov
SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO.

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

DELIVERY: 30 Days After Receipt of PO

DELIVERY: Delivery hours are from 8:00-11:30 AM and 1:00-4:30 PM Monday - Friday except designated State Holidays when the Warehouse is closed.

Please call Agency Delivery Contact to schedule delivery 24 hours prior to arrival.

Please follow the Texas Comptroller's Invoicing standards as seen below.

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.
- (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.

Warehouse: Please deliver to bldg. 800

AGENCY CONTACT:

Requester Name: Castillo, Mary
Requester Phone Number/Area Code: 1 (956) 364-8476
Requester E-mail Address: Mary.Castillo@hhs.texas.gov

Facility: Rio Grande State Center State Hospital

Contract Manager Name:
Contract Manager Email:

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All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 2
			Ship To: 5070 - Harlingen: 1401 S Rangerville DEPARTMENT OF STATE HEALTH SERVICES 1401 S Rangerville Rd PO Box 2668 Harlingen TX 78552 United States

Vendor: 1742917791 2
TARA INC DBA JEANS RESTAURANT SUPPLY
426 S STAPLES ST
CORPUS CHRISTI TX 784013331
United States

Bill To: Invoice-DSHS Accounts Payable
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Purchaser: Mills, George M

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Contract Manager Phone:

Ship to Attn: Castillo, Mary
Phone Number/Area Code: 1 (956) 364-8476
E-mail Address: Mary.Castillo@hhs.texas.gov

Building and Room number
bldg.

DEPARTMENT OF STATE HEALTH SERVICES
1401 S Rangerville Rd
PO Box 2668
Harlingen TX 78552
United States

Warehouse: Please deliver to bldg.

HHSC BUYER:
George Mills, CTCD, Ph 512-406-2651, Fax 512-406-2695,
email George.Mills@hhs.texas.gov

Vendor Name: TARI INC, DBA JEAN'S RESTAURANT CC
426 S. STAPLES
CORPUS CHRISTI, TX 78401
361-884-9800
Fax 888-7602 LIC#TACLB11650C
Vendor email: BIBI@JEANSRS.COM

PLEASE HAVE VENDORS SEND INVOICES to SAHAccounting@dshs.texas.gov

QUOTE: S100334161

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

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All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 3
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Requisition 0000221827

1-1	Pn: 46143 B-127-RD GET MELAMINE SALAD/SOUP BOWL ROUND 12oz, IVORY, 2DZ/CS B-127-RD DIAMOND RODEO BOWL 12oz	240-20	4.00	DOZ	119.55900	\$478.24	03/17/2023
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Schedule Total \$478.24

FY23 CG2 F3G KITCH SPLY F2700
F3G010 F2700 7334

Item Total for Line 1 \$478.24

2-1	Pn: 82781 ***SHIPPING - CRATING - HANDLING FEE ESTIMATE TO YOUR DOCK; THIS ESTIMATE APPROXIMATES WHAT THE SHIPMENT WILL	962-86	1.00	EA	75.00000	\$75.00	03/17/2023
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Schedule Total \$75.00

Quote number: S100334161

Item Total for Line 2 \$75.00

3-1	Model No. (6092N) Taylor Precision Pocket Thermometer, 1" standard grade dial, 0 to 220 degrees	240-95	24.00	EA	3.86000	\$92.64	03/17/2023
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Schedule Total \$92.64

Item Total for Line 3 \$92.64

4-1	Shipping and Handling Estimate	962-86	1.00	EA	22.50000	\$22.50	03/17/2023
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Purchaser: Mills, George M

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date	
Schedule Total						\$22.50		
							Item Total for Line 4	\$22.50
Total PO Amount						\$668.38		

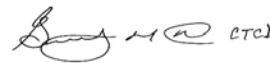
Job Reference Number: EC15565

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



03/17/2023