

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-3-0000312606
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 03/21/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 3137 - Tyler:3303 Mineola Hwy HEALTH & HUMAN SERVICES COMMISSION 3303 Mineola Hwy PO Box 5200 Tyler TX 75702 United States
			Page 1

Vendor: 3696696696 6
TEXAS DEPARTMENT OF CRIMINAL JUSTICE
PO BOX 4015
HUNTSVILLE TX 77342-4015
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: Manor,Darryl Dwayne 512/406-2475

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

BILL TO LOCATION CODE: 3135
Health and Human Services Commission
302 E. RIECK ROAD, TYLER, TX 75703

SEND INVOICES TO: reg04_admin_services@hhs.texas.gov

SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO.

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

DELIVERY: 20 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

AGENCY CONTACT:
SHIP TO LOCATION:
Health and Human Services Commission
3303 MINEOLA HWY., TYLER, TX 75702
Attention: Darin Adams / 903-533-4258 / Darin.Adams@hhs.texas.gov
Esperanza.McMeans@hhs.texas.gov / 903-509-5131

HHSC BUYER:
Darryl Manor, Purchaser CTCD
Temp Cell: 512-853-0576 Phone: (512) 406-2475
E-Mail Address: darryl.manor@hhs.texas.gov

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VENDOR:
TCI
Contact Name: Customer Service
Email: tci@tdcj.texas.gov
Phone: (936) 437-6048

PURCHASING METHOD: EX-0
Purchase made under the Authority of Texas Government Code 2155.065 for goods made by TDCJ.

Term Contact: 420-A9
Smartbuy PO: 23115942

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: 0000221225

TCI QUESTIONS:
18 wheeler (Y)
Delivery time (M-F 8:00am-11:30am 1:00pm-4:30pm)
Install crew required (N)
Floor # (N/A)
Elevator (N)
Offender Labor OK (Y)
Dock or ramp available (Y)
Dolly across floor (Y)

1-1	R04 - Stacking Chair, Piper, Without Arms, Black, Cont.# 420-A9, Comm.Cd. 42060300333, Supply Part #42060300333	420-34	30.00	EA	125.00000	\$3,750.00	04/14/2023
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Schedule Total \$3,750.00

PLEASE SEE ATTACHED DOCUMENTS.

Item Total for Line 1 \$3,750.00

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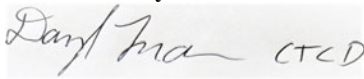
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Total PO Amount \$3,750.00

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 	03/21/2023
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