Health and Human Services Commission

Purchase Order

TX Sma	rtBuy PO ID				Dispatch via Print	
Payment To Net 30	erms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	ł	HHSTX-3-0000312643	
specification	l by informal bid, Invitation for Offer, or F ns, terms, and conditions set forth in the ad	vertisement and vendor's	Date 03/21/23	Revision	Page 1	
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.			Ship To:	4547 - Wichita Falls:6515 Kemp Blv HEALTH & HUMAN SERVICES COMMISSION 6515 Kemp Blvd PO Box 300 Wichita Falls TX 76308 United States		
Vendor:	1561558062 6 BOB BARKER COMPANY INC PO BOX 429 FUQUAY VARINA NC 275260429 United States		Bill To:	Terrell SH Whse HEALTH & HUM. 1200 E Brin PO Box 70 Terrell TX 75160 United States	AN SERVICES COMMISSION	
			Email:	DSHS.TSHBusines	ssOffice@dshs.texas.gov	
			Purchaser:	Small,Amir		
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantity	UOM	PO Price	Extended Amt Due Date	

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

DELIVERY: 14 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 when the Warehouse is closed.

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

AGENCY DELIVERY CONTACT: Wichita Falls SSLC Stacy Ward 940-689-5311 stacy.ward@hhs.texas.gov

HHSC BUYER: Amir Small Purchaser III, CTCD 512-406-2592 Amir.Small@hhs.texas.gov

VENDOR: Bob Barker Brock Frew Ph: 800-334-9880 Email: customerservicecentral@bobbarker.com

QUOTE #

FY23 OMNIA GPO and HHS Contract # HHS000840200001

OMNIA GPO and Bob Barker Contract # WA00034777

PURCHASING METHOD: EX-0 Purchase made under the Authority of Texas Government Code 2155.1441 for Health Care Purchasing including group purchasing programs.

Requisition # MIM2312114 Line(s)#:9,10

1-1 200-10-00001-5

200-10

144.00 EA

Health and Human Services Commission

Purchase Order

Payment Te		Ship V					
Net 30	Prepaid & Allow	BEST		Purchase Orde	er	HHSTX-3-0	
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 numbered and contractor.				Date 03/21/23	Revision		Pa
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.			Ship To:	HEALTH & HU 6515 Kemp Blvo PO Box 300	Wichita Falls TX 76308		
Vendor:	1561558062 6 BOB BARKER COMPANY INC PO BOX 429 FUQUAY VARINA NC 275260429 United States			Bill To:	Terrell SH Whse HEALTH & HU 1200 E Brin PO Box 70 Terrell TX 7516 United States	MAN SERVICES CO	DMMISSION
				Email:	DSHS.TSHBusi	nessOffice@dshs.texa	is.gov
				Purchaser:	Small,Amir		
ine-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	Purchaser: UOM	Small,Amir PO Price	Extended Amt	Due Date
Line-Sch	Inventory Item ID - Line Description SWEAT PANT 2XL GRAY SPGY-2XL BOBBARKER	Class/Item	Quantity		/	Extended Amt	Due Date
Line-Sch	SWEAT PANT 2XL GRAY SPGY-2XL	Class/Item	Quantity	UOM	/		Due Date
Line-Sch	SWEAT PANT 2XL GRAY SPGY-2XL	Class/Item	Quantity	UOM	PO Price	\$1,366.56	Due Date
Line-Sch 2-1	SWEAT PANT 2XL GRAY SPGY-2XL	Class/Item 200-45	Quantity 16.00	UOM	PO Price	\$1,366.56 \$1,366.56	Due Date 04/04/2023
	SWEAT PANT 2XL GRAY SPGY-2XL BOBBARKER 200-45-20010-0 PONCHO RAINWEAR ONE SZ			UOM Sc Item Tota DZ	PO Price hedule Total al for Line 1	\$1,366.56 \$1,366.56 \$534.72	
	SWEAT PANT 2XL GRAY SPGY-2XL BOBBARKER 200-45-20010-0 PONCHO RAINWEAR ONE SZ			UOM Sc Item Tota DZ Sc	PO Price hedule Total al for Line 1 33.42000	\$1,366.56 \$1,366.56 \$534.72 \$534.72	

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.

