Health and Human Services Commission

Purchase Order

D		CI + X7			Dispatch via Print	
Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order		HHSTX-3-0000312751	
specifications, terms,	nal bid, Invitation for Offer, or and conditions set forth in the a	he advertisement and vendor's	Date 03/22/23	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:	6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States		
Vendor: 1132798534 4 GLOBAL INDUSTRIAL CORPORATION 29833 NETWORK PL CHICAGO IL 60673-1298 United States		RATION	Bill To:	Invoice-HHSC Accounting HEALTH & HUMAN SERVICES COMMISSION 4601 W Guadalupe St Austin TX 78751 United States		
			Fax: Email:	512/424-6901 HHSC_AP@hhs	sc.state.tx.us	
			Purchaser:	Connell,Ron Le		
Line-Sch Invent	ory Item ID - Line Description	n Class/Item Quantity	UOM	PO Price	Extended Amt Due Date	
·	oher Vasquez •8184 Vasquez02@hhs.texas.gov ristopher Vasquez, (210) 619 on Connell 2666	9-8184, Christopher.Vasquezt	02@hhs.texas.gov			
Vendor Name: GLC Contact: DANIEL H Phone #: 678-969- Email: DHIMELICK	IIMELICK	DM				
		nvoiced after September 1, 20				
	r is contingent upon the conti time in whole or part without		propriations by the Texa	s Legislature CP	A Procurement Manual, and may	
Quote # 6880315	******	******	*****	*****		
number, invoice dat to the BILL TO ADD	e, and the total invoice amou	ms are net thirty days (30) unl	ave an attached copy of	the bill in order t	referenced, a unique invoice to be paid. Mail all original invoices y is not responsible for failure by the	
1-1		165-05 4.00) EA	440.06000	\$1,760.24 03/29/2023	

Interion® Media Cabinet 4 Drawer Putty Country Of Origin: CHINA

Schedule Total \$1,760.24

Health and Human Services Commission

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Dispatch via Print Payment Terms Freight Terms Ship Via HHSTX-3-0000312751 Net 30 Prepaid & Allow BEST WAY **Purchase Order** If advertised by informal bid, Invitation for Offer, or Request for Proposal; all Page Date Revision specifications, terms, and conditions set forth in the advertisement and vendor's 03/22/23 2 conforming responses become a part of this numbered purchase order. Contractor Ship To: 6694 - Austin:1111 W North Loop guarantees goods or services delivered meet or exceed numbered purchase order HEALTH & HUMAN SERVICES COMMISSION requirements. 1111 W North Loop All shipments, shipping papers, invoices, and correspondence must be identified Austin TX 78756 with our Purchase Order Number. United States Vendor: 11327985344 Bill To: Invoice-HHSC Accounting HEALTH & HUMAN SERVICES COMMISSION GLOBAL INDUSTRIAL CORPORATION 29833 NETWORK PL 4601 W Guadalupe St CHICAGO IL 60673-1298 Austin TX 78751 United States United States Fax: 512/424-6901 HHSC_AP@hhsc.state.tx.us Email: Connell,Ron Lee **Purchaser:** Class/Item UOM PO Price Line-Sch **Inventory Item ID - Line Description** Quantity Extended Amt **Due Date** MFG ID: MFG Item ID: 000000001 249043 Item Total for Line 1 \$1,760.24 2 - 1165-05 4.00 EA 36.86000 \$147.44 03/29/2023 Interion® Base For Media Cabinet Putty Country Of Origin: CHINA Schedule Total \$147.44 MFG ID: MFG Item ID: 000000001 249044 Item Total for Line 2 \$147.44 3-1 962-86 1.00 EA 761.99000 \$761.99 03/29/2023 Shipping and Handling Global Industrial Interion Cabinets Schedule Total _____ \$761.99 MFG ID: MFG Item ID: 000000001 \$761.99 Item Total for Line 3 \$2,669.67 Total PO Amount

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.

Health and Human Services Commission

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			Ship To:	p To: 6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES CON 1111 W North Loop Austin TX 78756 United States		
GL 298 CH	132798534 4 SLOBAL INDUSTRIAL CORPORATION 9833 NETWORK PL CHICAGO IL 60673-1298 J nited States		Bill To:	Invoice-HHSC Accounting HEALTH & HUMAN SERVICES COMMISSION 4601 W Guadalupe St Austin TX 78751 United States		
			Fax: Email:	512/424-6901 HHSC_AP@hhsc.state.tx.	us	
Line-Sch Inven	tory Item ID - Line Description	Class/Item Quantity	Purchaser: UOM	Connell,Ron Lee PO Price Exte	nded Amt Due Date	

Authorized By	
RCcef.	03/22/2023