

# Health and Human Services Commission

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> Prepaid & Allow	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>HHSTX-3-0000312855</b>
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.			<b>Date</b> 03/23/23
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> Page 1
			<b>Ship To:</b> 4038 - Corpus Christi:902 Airport HEALTH & HUMAN SERVICES COMMISSION 902 Airport Rd Corpus Christi TX 78405 United States

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

**Bill To:** Invoice - DADS  
HEALTH & HUMAN SERVICES COMMISSION  
4001 S Hwy 36  
Brenham TX 77833  
United States

**Fax:** 979/277-1865

**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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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:**

Lead Contact (Program SME) Name: Richard Castaneda

Lead Contact Email: richard.castaneda@hhs.texas.gov

Lead Contact Phone: 361-844-7730

Requester Name:

Requester Phone Number/Area Code:

Requester E-mail Address:

Facility: San Angelo State Supported Living Center

Contract Manager Name: CHRISTINE CRUZ

Contract Manager Email: christine.cruz@hhs.texas.gov

Contract Manager Phone: 361-888-5301 ext 7507

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Ship to Attn: Richard Castaneda  
Phone Number/Area Code: 1 361-844-7730  
E-mail Address: richard.castaneda@hhs.texas.gov

Building and Room number  
bldg.

HEALTH HUMAN SERVICES COMMISSION

902 Airport Rd  
Corpus Christi TX 78405  
United States

Warehouse: Please deliver to bldg. 519

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

Vendor Name: Jean's Restaurant  
Vendor ID: 1742917791  
Vendor Contact: Bibi@jeansrs.com  
Vendor Address: 426 S Staples St, Corpus Christi, TX 78401  
Vendor Phone: (361) 884-9800  
Vendor Email: BIBI@JEANSRS.COM

PLEASE HAVE VENDORS SEND INVOICES to 712accounting@hhs.texas.gov

QUOTE:

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

Requisition 0000223562

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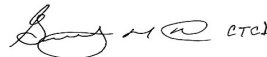
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
1-1	GOODS RESTAURANT SUPPLY CH3 CCSSLC (March 01 2023 to Aug 31, 2023)	240-24	1.00	LOT	3000.00000	\$3,000.00	03/24/2023
<b>Schedule Total</b>						\$3,000.00	
<b>Item Total for Line 1</b>						\$3,000.00	
<b>Total PO Amount</b>						\$3,000.00	

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**



**03/23/2023**