## **Health and Human Services Commission**

## **Purchase Order**

						Dispatch via P	rint
Payment Terr Net 30	ms Freight Terms Prepaid & Allow	Ship Vi BEST V		Purchase Order	F	HSTX-3-00003129	<b>)</b> 29
specifications,	y informal bid, Invitation for Offer, or Re terms, and conditions set forth in the adv	ertisement and ver	Date 03/23/23	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:	3137 - Tyler:3303 Mineola Hwy HEALTH & HUMAN SERVICES COMMISSION 3303 Mineola Hwy PO Box 5200 Tyler TX 75702 United States			
Vendor:	1410948415 5 FASTENAL COMPANY PO BOX 1286 WINONA MN 55987-0978 <b>United States</b>			Bill To:	Invoice-HHSC; Reg HEALTH & HUMA 302 E Rieck Rd Tyler TX 75703 United States	gion 04 Headqu AN SERVICES COMMISSION	ſ
				Fax: Email:	903 534 8487 paula.thurman@hhs	sc.state.tx.us	
				Purchaser:	Alexander,Leslie L	L 512/406-2424	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt Due Date	

SEND INVOICES TO: reg04\_admin\_services@hhs.texas.gov

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.

FY23 Purchase

Texas Smart Buy Purchase Order #: 23121992

CP/X TXMAS-18-51V07 Term: 06/28/2018 thru 06/30/2023 No Renewals Remaining

Requisition #: 0000221887

See above for SHIP TO ADDRESS ON PO

Agency Delivery Contact: Name: Darin Adams / 903-533-4258 E-mail: Darin.Adams@hhs.texas.gov

HHSC terms and conditions attached

Purchaser Information: HHSC Purchasing: Contact Name: Leslie Alexander Contact Phone: 512-406-2424 Fax: 512-406-2695

## **Health and Human Services Commission**

## **Purchase Order**

**Dispatch via Print** 

Payment To Net 30	erms Freight Terms Prepaid & Allow	<b>Ship Via</b> BEST WAY	Purchase Order	I	HHSTX-3-0000312929	
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		<b>Date</b> 03/23/23	Revision	Pag		
guarantees g requirement All shipmer	responses become a part of this numbered pu goods or services delivered meet or exceed nu s. nts, shipping papers, invoices, and correspo urchase Order Number.	mbered purchase order	Ship To:	3137 - Tyler:3303 Mineola Hwy HEALTH & HUMAN SERVICES COMMISSION 3303 Mineola Hwy PO Box 5200 Tyler TX 75702 United States		
Vendor:	1410948415 5 FASTENAL COMPANY PO BOX 1286 WINONA MN 55987-0978 <b>United States</b>		Bill To:	Invoice-HHSC; Region 04 Headqu HEALTH & HUMAN SERVICES COMMISSION 302 E Rieck Rd Tyler TX 75703 United States		
			Fax: Email:	903 534 8487 paula.thurman@hhsc.state.tx.us		
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantit	Purchaser: v UOM	Alexander,Leslie PO Price	L 512/406-2424 Extended Amt Due Date	
	slie.Alexander@hhs.texas.gov	Class/Itelli Qualiti	y com	Torra	Extinute Ant Dut Date	
VENDOR I Contractor: Contact Na Email: orde Phone: (50	NFORMATION: Fastenal Company ame: Zach Wise ernotify@fastenal.com 17) 313-7206 rms are FOB Destination Prepaid and Allo	wed/Add				
1-1	Supplier Part #: 0215009, Mfr.Part.#: PC1604 - 9V Cell Size 9V Duracell Procell Alkaline Battery	450-06 36.0	0 EA	1.36000	\$48.96 04/03/2023	
			Scho	Schedule Total\$48.96		
			Sche	dule Total	\$48.90	
				for Line 1		

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

Lastie Alunt S, CTP

03/23/2023