Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Te		Ship Via	Durchass Order		HHSTX-3-0000313311	
Net 30 Prepaid & Allow BEST WAY 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		quest for Proposal; all rtisement and vendor's	Purchase Order Date 03/28/23	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:	6656 - Lubbock:3401 N University A HEALTH & HUMAN SERVICES COMMISSION 3401 N University Ave 3401 N University Ave Lubbock TX 79415 United States		
Vendor:	1363529331 2 AGATI, INC. 1219 W. LAKE ST. USA CHICAGO IL 60607 United States		Bill To:	Invoice - DADS HEALTH & HUMAN SERVICES COMMISSION 2501 Maple St PO Box 451 Abilene TX 79602 United States		
			Fax: Email:	325/795-3807 710Accounting@hhsc.state.tx.us		
			Purchaser:	r: Vasquez lii,Richard		
	Inventory Item ID - Line Description	Class/Item Quantity	UOM	PO Price	Extended Amt Due Date	

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

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

DELIVERY: 10 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

Vendor Name: Agati Furniture Vendor Contact: Katrina Monreal Vendor Phone: 312-829-1977 Vendor Email: kmonreal@agati.com

Lead Contact (Program SME) Name: Luisa Olguin-Torrez Lead Contact Email: luisa.olguin-torrez@hhs.texas.gov Lead Contact Phone: 806-741-3511

Facility Contract Manager Name: Betty Moore, CTCM Contract Manager Email: betty.moore@hhs.texas.gov Contract Manager Phone: 806-741-3614

Bill To: 4507 Abilene State Supported Living Center Attn: Accounts Payable PO Box 451 Abilene, Tx 79604 Accounts Payable Contact 325-795-3933 (Medical) 325-795-3237 Email Invoices to: 710Accounting@hhsc.state.tx.us

HHSC BUYER: Richard Vasquez richard.vasqueziii@hhs.texas.gov 512-639-7327

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	by informal bid, Invitation for Offer, or Request, terms, and conditions set forth in the adve			Date 03/28/23	Revision		Page 2	
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	10/0700001.0				United States			
Vendor:	1363529331 2 AGATI, INC. 1219 W. LAKE ST. USA CHICAGO IL 60607 United States			Bill To:	Invoice - DADS HEALTH & HUI 2501 Maple St PO Box 451 Abilene TX 7960 United States	MAN SERVICES CO)2	DMMISSION	
				Fax: Email:	325/795-3807 710Accounting@	hhsc.state.tx.us		
				Purchaser:	Vasquez lii,Ricł	nard		
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date	
QUOTE X								
PURCHAS	ING METHOD: SP/E							
Not to Exce	eed \$10,000.00							
REQUIREN	IENTS/LIMITATIONS:							
This PO is	contingent upon the continued availability	y of lawful approp	riations by	the Texas Legislatu	re. FY2023 fundin	g.		
Invoice per	34 TAC §20.487, amended effective Ma	y 1, 2022						
Requisition	218238							
1-1	Furniture: Single Faced 1 Person Work Station Plug Set	425-54	1.00	EA	7500.35000	\$7,500.35	04/14/2023	
	Mfg. # POD-WKS-STR-52-49-PLG- UPS							
				Sch	edule Total	\$7,500.35		
				Item Tota	for Line 1	\$7,500.35		
				Total l	PO Amount	\$7,500.35		

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.

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Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship V BEST V		Purchase Order		HHSTX-3-0000313311
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	1363529331 2 AGATI, INC. 1219 W. LAKE ST. USA CHICAGO IL 60607 United States			Bill To:	Invoice - DADS HEALTH & HUN 2501 Maple St PO Box 451 Abilene TX 7960 United States	MAN SERVICES COMMISSION 12
				Fax: Email:	325/795-3807 710Accounting@	hhsc.state.tx.us
				Purchaser:	Vasquez lii,Rich	
Line-Sch Inv	ventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt Due Date

Authorized By Rechel Vargues I crco, crcm 04/06/2023