Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment TermsFreight TermsShip ViaNet 30Prepaid & AllowBEST WAY	Purchase Order		HHSTX-3-0000313319
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	Date 03/28/23	Revision	Pag
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:		
Vendor: 1390380010 3 JOHNSON CONTROLS INC PO BOX 730068 DALLAS TX 75373 United States	Bill To:	Invoice-HHSC A HEALTH & HUM 4601 W Guadalu Austin TX 78751 United States	MAN SERVICES COMMISSION
	Fax: Email:	512/424-6901 HHSC_AP@hhsc	c.state.tx.us
	Purchaser:	Farris,Lilly K	512/406-2452
Line-Sch Inventory Item ID - Line Description Class/Item Quantity	UOM	PO Price	Extended Amt Due Date
FY23			
AP Email Address: hhsc_ap@hhsc.state.tx.us			
INVOICING INFORMATION:			
Vendor shall electronically submit the Maintenance and Construction invoice page	cket to:		
HHSC Maintenance and Construction assigned Project Manager (ODR): Roger Brigance, Roger.brigance@hhs.texas.gov			
With copy to: 1. HHSC Accounts Payable at HHSC_AP@hhsc.state.tx.us 2. HHSC Maintenance and Construction Invoice team at MC_Invoices@hhsc.sta 3. If HUB Progress Reports are required, HHSC HUB Office at HUB_PAR@hhsc			
The contractor shall submit invoice packets using the subject line: Invoice - Invo Invoice #, Month of service	ice Amount, Purchas	e Order #HHSTX	-3-0000313319, MC Project 23-,
Requisition #: HHSTX-3-0000222666			
DELIVERY: INSTALLATION AT 1901 N Highway 87 Big Spring TX 79720			
-			

QUOTE#: HHS-R22 - Exhibit C - Big Spring State Hospital

Refer to RFP-R22 Bid Solicitation on the following Exhibits: Exhibit A - Infection Control Risk Assessment Exhibit B - Infection Control Construction Permit

AGENCY DELIVERY CONTACT: Name: Joshua Rainey Facility: Big Spring State Hospital Phone: 432-466-6996 Email: joshua.rainey@hhs.texas.gov

PROJECT MANAGER: Contact: Roger Brigance Address: 909 W. 45 St. Bldg. 633 Austin TX 78751 Phone: 512-206-4728 Cell: 512-413-2820 Email: roger.brigance@hhs.texas.gov

HHSC PURCHASER/BUYER:

Health and Human Services Commission

Purchase Order

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Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order		HHSTX-3-0	000313319
If advertised by inform specifications, terms, a	nal bid, Invitation for Offer, or Re and conditions set forth in the adv	equest for Proposal; all vertisement and vendor's	Date 03/28/23	Revision		Page 2
guarantees goods or se requirements.	become a part of this numbered pervices delivered meet or exceed r ing papers, invoices, and corresp rder Number.	numbered purchase order	Ship To:			
JOHI PO E DAL	380010 3 NSON CONTROLS INC 3OX 730068 LAS TX 75373 ed States		Bill To:	Invoice-HHSC J HEALTH & HU 4601 W Guadal Austin TX 7875 United States	JMAN SERVICES Co upe St	OMMISSION
			Fax: Email:	512/424-6901 HHSC_AP@hh	sc.state.tx.us	
			Purchaser:	Farris,Lilly K	5	12/406-2452
Line-Sch Invento	ory Item ID - Line Description	Class/Item Quantity	UOM	PO Price	Extended Amt	Due Date
OMNIA GPO and Jo PURCHASING MET Purchase made und FREIGHT: F.O.B De PURCHASE MADE This purchase is bei clients in order to ca Exhibit C - Equipme Exhibit E - Big Sprin	52 hs.texas.gov htrols Inc yn 55 Øjci.com HS Contract # HHS000840200 ohnson Controls Inc Contract #	R-200402 ernment Code 2155.1441 fo Allowed TEXAS GOVERNMENT C e §2155.144 (b-1), Goods a cy's programs. spital egulations	:ODE 2155.144(b); (b-) FOR CLIENT S	SERVICES.	
	IVAC Replacements for Big State Hospital #23-009-BSH R- AC	914-50 1.00		3603.81000	\$353,603.81	08/31/2023
	· • • • • • • • • • • • • • • • • • • •		Scho	edule Total	\$353,603.81	
Total Contracted amon Contingency Funds of	unt is \$353,603.81 \$\$32,145.80 for unforeseen condi	tions/expense, these funds mus		C staff before use. for Line 1	\$353,603.81	
			Total P	O Amount	\$353.603.81	

Health and Human Services Commission

Purchase Order

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Payment Te Net 30	erms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-3-000031331	9
specification	by informal bid, Invitation for Offer, or Reus, terms, and conditions set forth in the adverter	ertisement and vendor's	Date 03/28/23	Revision Pag	ge 3
guarantees g requirements All shipmen	responses become a part of this numbered p oods or services delivered meet or exceed n s. ts, shipping papers, invoices, and corresp rchase Order Number.	umbered purchase order	Ship To: d	2200 - Big Spring:1901 N Highway 8 DEPARTMENT OF STATE HEALTH SERVICES 1901 N Highway 87 Big Spring TX 79720 United States	
Vendor:	1390380010 3 JOHNSON CONTROLS INC PO BOX 730068 DALLAS TX 75373 United 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	Income the second se		Purchaser:	Farris,Lilly K 512/406-2452	
Line-Sch	Inventory Item ID - Line Description	Class/Item Quanti	ty UOM	PO Price Extended Amt Due Date	

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	
Lilly Larris, CTCD	03/28/2023

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