Health and Human Services Commission

Purchase Order

		Purcha	ise Order		Diam	tob via Drim	
Payment Te		Ship Via				atch via Print	
Net 30	Prepaid & Allow	BEST WAY	Purchase Or		HHSTX-3-0	000313344 Pag	
f advertised by informal bid, Invitation for Offer, or Request for Proposal; all pecifications, terms, and conditions set forth in the advertisement and vendor's onforming responses become a part of this numbered purchase order. Contractor			Date 03/28/23	Revision			
guarantees g equirements All shipmen	oods or services delivered meet or exceed nu	Ship To:	HEALTH & HUM 2315 W Walker PO Box 1554	PO Box 1554 Breckenridge TX 76424			
Vendor:	1752786441 1 HIFAM INVESTMENTS LLC ATTN: RANDY HINES PO BOX 908 STEPHENVILLE TX 764010008 United States		Bill To:		PO Box 521 Abilene TX 79605		
			Email:	Reg02_Admin_Ser			
			Purchaser:	Cortes,Leticia C	5	12/406-2609	
Line-Sch	Inventory Item ID - Line Description	Class/Item Quant	tity UOM	PO Price	Extended Amt	Due Date	
whole or pa purchase of 08-31-2023 Vendor con	stments LLC s 72 mllc.com	oes not commit to order	ring specific quantities	of goods/services or de	ollar amounts wit	h respect to this	
Beverly Sch 325-795-56	raeder						
PCS contac Leticia Cort 512-406-26 Leticia.corte	es						
1-1	Tenant improvement approved by TFC for flooring replacement of VCT with LVT	909-45 1	.00 LOT	31601.63000	\$31,601.63	03/28/2023	
			S	Schedule Total	\$31,601.63		
			T. T.	stal for Lina 1	\$31.601.63		

Item Total for Line 1 \$31,601.63

Total PO Amount \$31,601.63

Health and Human Services Commission

Purchase Order

					Dispatc	h via Print
Payment Terms Net 30	s Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order		HHSTX-3-000	0313344
specifications, te	informal bid, Invitation for Offer, or Re erms, and conditions set forth in the adv onses become a part of this numbered p	Date 03/28/23	Revision 0431 - Breckenridge:2315 W Walker HEALTH & HUMAN SERVICES COMMISSION 2315 W Walker PO Box 1554 Breckenridge TX 76424 United States			
guarantees good requirements. All shipments, s	s or services delivered meet or exceed n shipping papers, invoices, and corresp ase Order Number.	Ship To:				
Vendor:	endor: 1752786441 1 HIFAM INVESTMENTS LLC ATTN: RANDY HINES PO BOX 908 STEPHENVILLE TX 764010008 United States		Bill To:	Invoice-HHSC Region 2/9, Commu HEALTH & HUMAN SERVICES COMMISSION 4601 S 1st St PO Box 521 Abilene TX 79605 United States		
			Email:	Reg02_Admin_Ser	rvices@hhs.texas.gov	
			Purchaser:	Cortes,Leticia C	\$25	406-2609
Line-Sch In	ventory Item ID - Line Description	Class/Item Quantity	y UOM	PO Price	Extended Amt 1	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	
folicia Center, CTCD, CTCM	03/28/2023