## **Health and Human Services Commission**

### **Purchase Order**

**Dispatch via Print** 

Payment Te Net 30	Freight Terms Prepaid & Allow	<b>Ship Via</b> BEST WAY	Purchase Order	HHST	X-3-0000313354
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> 04/01/23	Revision	Page 1
guarantees g requirements All shipmen	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: 5070 - Harlingen:1401 S Rangervill DEPARTMENT OF STATE HEALTH SERVIC 1401 S Rangerville Rd PO Box 2668 Harlingen TX 78552 United States	
Vendor:	1060732334 1 HILTI INC DEPT 0890 PO BOX 120001 DALLAS TX 753120001		Bill To:	Invoice-DSHS Accounts Paya HEALTH & HUMAN SERV 6711 S New Braunfels Ste 100 San Antonio TX 78223	

**Fax:** 210/531-7883

Email: SAHAccounting@dshs.texas.gov

United States

Purchaser: Wilson, Madison Faith

Line-Sch 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: 14 Days After Receipt of PO

**United States** 

Delivery hours are from 8:00-11:30 AM and 1:00-4:30 PM Monday Friday except designated State Holidays

AGENCY CONTACT:
Mary Castillo
512-406-4321
Mary.castillo@hhs.texas.gov
Ship to Attn: Mary Castillo
Department of State Health Services
1401 S Rangerville Rd
PO Box 2668
Harlingen, TX 78552

HHSC BUYER: Madison Wilson 254-744-4512

Madison.wilson@hhs.texas.gov

VENDOR: Hilti 1-800-879-8000

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 0000224929

1-1 450-01 1.00 BOX 548.05000 \$548.05 04/01/2023

Item No. #209634 FS Sealant CP 606

19.6 oz foil red

Schedule Total \$548.05

Quote: 926934593

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Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	<b>Due Date</b>
FY23 CG2 F3G QM SPLY F1900 MC							
					Item Total for Line 1	\$548.05	
2-1	Itam No. #220120 Eil dismanson maggles	810-95	1.00	BOX	28.90000	\$28.90	04/01/2023
	Item No. #220139 Fil dispenser nozzles						
					Schedule Total	\$28.90	
					Item Total for Line 2	\$28.90	
3-1	I. N. #224549 E '1 D'	320-43	3.00	EA	7.69000	\$23.07	04/01/2023
	Item No. #334548 Foil Dispenser replacement nut						
					Schedule Total	\$23.07	
					Item Total for Line 3	\$23.07	
					_		
					Total PO Amount	\$600.02	
						\$300.0 <u>2</u>	

Purchaser:

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	
Madison Wilson	04/10/2023

Wilson, Madison Faith