

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-3-0000313391
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 conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.			Date 03/29/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 1
			Ship To: 4038 - Corpus Christi:902 Airport HEALTH & HUMAN SERVICES COMMISSION 902 Airport Rd Corpus Christi TX 78405 United States

Vendor: 1581853319 0
HOME DEPOT USA INC
PO BOX 9001043
DEPT 32-2540185182
LOUISVILLE KY 402901043
United States

Bill To: Invoice - DADS
HEALTH & HUMAN SERVICES COMMISSION
4001 Highway 36 South
Brenham TX 77833
United States

Fax: 979/277-1865
Email: 712Accounting@hhs.texas.gov

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

AGENCY CONTACT:
Christine Cruz
361-888-5301 ext. 7507
Christine.cruz@hhs.texas.gov
Ship to Attn: Christine Cruz
902 Airport Rd
Corpus Christi, TX 78405

HHSC BUYER:
Madison Wilson
254-744-4512
Madison.wilson@hhs.texas.gov

VENDOR:
Home Depot
361-242-0642
Customer Service

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 0000226424

1-1	WASHING MACHINE: MAYTAG 5.3 CU. FT. SMART CAPABLE WHITE TOP LOAD MODEL # MVW7232HW SKU:1005158707	045-94	1.00	EA	848.00000	\$848.00	03/29/2023
-----	---	--------	------	----	-----------	----------	------------

Schedule Total \$848.00

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-3-0000313391
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 conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.			Date 03/29/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 2
			Ship To: 4038 - Corpus Christi:902 Airport HEALTH & HUMAN SERVICES COMMISSION 902 Airport Rd Corpus Christi TX 78405 United States

Vendor: 1581853319 0
HOME DEPOT USA INC
PO BOX 9001043
DEPT 32-2540185182
LOUISVILLE KY 402901043
United States

Bill To: Invoice - DADS
HEALTH & HUMAN SERVICES COMMISSION
4001 Highway 36 South
Brenham TX 77833
United States

Fax: 979/277-1865
Email: 712Accounting@hhs.texas.gov

Purchaser: Wilson, Madison Faith

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
----------	--------------------------------------	------------	----------	-----	----------	--------------	----------

PCS PLEASE CONTACT JOHN HENLEY or CHRISTINE CRUZ
VENDORS SEND INVOICES VIA EMAIL TO: 712accounting@hhs.texas.gov

Vendor Name: HOME DEPOT USA INC
Vendor ID: 15818533190
Vendor Phone: 361-242-0642
STORE # 6564

Lead Contact (Program SME) Name: JOHN HENLEY
Lead Contact Email: John.Henley@hhs.texas.gov
Lead Contact Phone: 361-241-5312 or 361-251-0481

Contract Manager Name: CHRISTINE CRUZ
Contract Manager Email: christine.cruz@hhs.texas.gov
Contract Manager Phone: 361-888-5301 ext 7507

SCOR Division: 19 - State Operated Facilities

PCS Email PO to: john.henley@hhs.texas.gov
Christine.cruz@hhs.texas.gov
712accounting@hhs.texas.gov

FOR FURNITURE/EQUIPMENT PURCHASES ONLY:
Delivery Times/Day (if not M-F 8-5): M-F 8-12 and 1-5
Install Crew Required (Y or N): Y
Floor # (if applicable): NA
Elevator (Y or N): No
Offender Labor Okay (Y or N): Yes
Is a dolly allowed across flooring? Yes

NTE \$848.00
PRICE QUOTE ATTACHED
GOODS: WASHING MACHINE: MAYTAG 5.3 CU. FT. SMART CAPABLE WHITE TOP LOAD
MODEL # MVW7232HW
SKU:1005158707

Facility: CH3 Corpus Christi State Supported Living Center-GROUP HOME LOCATION-RIVER FOREST RESIDENTS

Item Total for Line 1 \$848.00

Total PO Amount \$848.00

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-3-0000313391
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 conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.			Date 03/29/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 3
			Ship To: 4038 - Corpus Christi:902 Airport HEALTH & HUMAN SERVICES COMMISSION 902 Airport Rd Corpus Christi TX 78405 United States

Vendor: 1581853319 0
HOME DEPOT USA INC
PO BOX 9001043
DEPT 32-2540185182
LOUISVILLE KY 402901043
United States

Bill To: Invoice - DADS
HEALTH & HUMAN SERVICES COMMISSION
4001 Highway 36 South
Brenham TX 77833
United States

Fax: 979/277-1865
Email: 712Accounting@hhs.texas.gov

Purchaser: Wilson, Madison Faith

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	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

Madison Wilson

04/11/2023