# Health and Human Services Commission

## **Purchase Order**

| D ( T  |   | C1 · 17                     |                |  |                |  |
|--|---|-----------------------------|----------------|--|----------------|--|
| Payment Tern<br>Net 30                           | ms Freight Terms<br>Prepaid & Allow   | <b>Ship Via</b><br>BEST WAY | Purchase Order | HHSTX  | -3-0000313704  |  |
| specifications,                                  | by informal bid, Invitation for Offer, or R<br>, terms, and conditions set forth in the adv   | vertisement and vendor's    |                | Revision Page 1  |                |  |
| guarantees goo<br>requirements.<br>All shipments | sponses become a part of this numbered<br>ods or services delivered meet or exceed<br>s, shipping papers, invoices, and corres<br>chase Order Number. | numbered purchase orde      | Smp 10:        | 6694 - Austin:1111 W North Loop<br>HEALTH & HUMAN SERVICES COMMISSION<br>1111 W North Loop<br>Austin TX 78756<br>United States |                |  |
| Vendor:  | 1742582850 0<br>DEBORA WITT JONES<br>DBA AUSTINTATIOUS ADVERTISING<br>10816 CROWN COLONY DR STE 208<br>AUSTIN TX 787471672<br><b>United States</b>    |                             | Bill To:       | Invoice-HHSC Accounting<br>HEALTH & HUMAN SERVICES COMMISSION<br>4601 W Guadalupe St<br>Austin TX 78751<br>United States       |                |  |
|  |   |                             | Fax:<br>Email: | 512/424-6901<br>HHSC_AP@hhsc.state.tx.us   |                |  |
|  |   |                             | Purchaser:     | Evans,Jocelynn   |                |  |
| Line-Sch   | <b>Inventory Item ID - Line Description</b>   | Class/Item Qu               | antity UOM     | PO Price Extende   | d Amt Due Date |  |

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

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

DELIVERY: 30 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: Jewelia Guynes-Smith jewelia.guynes-smith@hhs.texas.gov

Ship to Attn: Eva Gonzales eva.gonzales2@hhs.texas.gov

HHSC BUYER: Name: Jocelynn Evans Phone #512-776-6233 Email Address: jocelynn.evans@hhs.texas.gov

VENDOR: Austintatious Advertising Debi Jones 512-447-7666 tatious@aol.com

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 # 0000219741

205.00000

**Dispatch via Print** 

# **Health and Human Services Commission**

## **Purchase Order**

|  |  |                |                       |                |  | Dispat           | ch via Print |  |
|--|--|----------------|-----------------------|----------------|--|------------------|--------------|--|
| Payment Terr<br>Net 30   | ns Freight Terms<br>Prepaid & Allow          | Ship V<br>BEST |                       | Purchase Order |  | HHSTX-3-00       | 00313704     |  |
|  | y informal bid, Invitation for Offer, or Req | Date           | Revision              |                | Page   |                  |              |  |
|  | terms, and conditions set forth in the adve  | 03/31/23       |                       |                | 2  |                  |              |  |
| conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order |  |                |                       | Ship To:       | 6694 - Austin:1111 W North Loop<br>HEALTH & HUMAN SERVICES COMMISSIO |                  | MMERION      |  |
| requirements.  |  | -              |                       |                | 1111 W North Loop  |                  |              |  |
| All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.  |  |                |                       |                | Austin TX 78756<br>United States                                     |                  |              |  |
|  |  |                |                       |                |  |                  |              |  |
| Vendor: 1742582850 0<br>DEBORA WITT JONES  |  |                | Bill To:              |                | HSC Accounting<br>& HUMAN SERVICES COMMISSION                        |                  |              |  |
| DEBORA WITT JONES<br>DBA AUSTINTATIOUS ADVERTISING   |  |                |                       |                | 4601 W Gua   |                  |              |  |
|  | 10816 CROWN COLONY DR STE 20                 | 8              |                       |                | Austin TX 7  | 8751             |              |  |
|  | AUSTIN TX 787471672<br>United States         |                |                       |                | United State   | S                |              |  |
|  | United States                                |                |                       |                |  |                  |              |  |
|  |  |                |                       |                |  |                  |              |  |
|  |  |                |                       | Fax:           | 512/424-690  | -                |              |  |
|  |  |                |                       | Email:         | HHSC_AP@   | hhsc.state.tx.us |              |  |
|  |  |                |                       |                |  |                  |              |  |
|  |  |                |                       | Purchaser:     | Evans, Joce  | elynn            |              |  |
| Line-Sch   | Inventory Item ID - Line Description         | Class/Item     | Quantity              | UOM            | PO Price   | Extended Amt     | Due Date     |  |
|  |  |                |                       | Sche           | dule Total   | \$205.00         |              |  |
|  |  |                |                       | Selle          | <u></u>  | <i>\</i>         |              |  |
|  |  |                |                       |                |  |                  |              |  |
|  |  |                | Item Total for Line 1 |                | \$205.00   |                  |              |  |
|  |  |                |                       | 20000          |  |                  |              |  |
|  |  |                |                       | Total P        | O Amount   | \$205.00         |              |  |
|  |  |                |                       | _ 3000 2       | L  | +=====           |              |  |

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      |                   |
|--------------------|-------------------|
| Jodymm Ewarn, CTCD | <u>03/31/2023</u> |