Department of State Health Services

Purchase Order

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. All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number. Vendor: 1740841790 9 WAUKESHA-PEARCE INDUSTRIES LLC PO BOX 35068 HOUSTON TX 772355068 United States Fax: 512/	HHSTX-4-0000314035	Purchase Order	Ship Via BEST WAY	Freight Terms Prepaid & Allow	Payment Terms Net 30
guarantees goods or services delivered meet or exceed numbered purchase order Ship 10: 1992 Performents. DEF 2408 All shipments, shipping papers, invoices, and correspondence must be identified Tem with our Purchase Order Number. Bill To: Invo Vendor: 1740841790 9 Bill To: Invo WAUKESHA-PEARCE INDUSTRIES LLC DEF DEF PO BOX 35068 1100 DEF HOUSTON TX 772355068 PO I Aust United States Aust United	vision Page 1		specifications, terms, and conditions set forth in the advertisement and vendor's		
WAUKESHA-PEARCE INDUSTRIES LLC DEF PO BOX 35068 1100 HOUSTON TX 772355068 PO I United States Aust Unit	02 - Temple:2408 S 37th St EPARTMENT OF STATE HEALTH SERVICES 08 S 37th St mple TX 76504 ited States	Ship To:	umbered purchase order	services delivered meet or exceed n	guarantees goods or s requirements. All shipments, shipp
	voice-DSHS Fiscal Claims PARTMENT OF STATE HEALTH SERVICES 00 W 49th St (RBB) Box 149347 stin TX 78756 ited States	Bill To:	LLC	UKESHA-PEARCE INDUSTRIES BOX 35068 USTON TX 772355068	WA PO I HOU
	2/458-7442 oices@dshs.texas.gov				
	dres,William J Price Extended Amt Due Date				

TsCs FY24 funding SP/E Requisition 0000223107 Pricing per Quote PO Service Dates 09/01/2023 to 08-31-2024 Goods and/or services are to be delivered and invoiced after September 1, 2023

Attached Terms and Conditions apply to this Purchase Order.

This purchase order is contingent upon the continued availability of lawful appropriations by the Texas Legislature and may be canceled at any time in whole or part without penalty. HHS or the agency does not commit to ordering specific quantities of goods/services or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those goods and/or services ordered and received by the agency. Any funds not utilized by 08-31-2024 are automatically canceled.

Vendor contact Robert Syzdek 210-449-6470 Robert.Syzdek@wpi.com

Agency contact Heather Clark 254-771-6799 heather.clark@dshs.texas.gov Invoicing and payments: Penny.jones@dshs.texas.gov

PCS contact Will Andres 512-776-2899 will.andres@hhs.texas.gov

1-1	Generator maintenance for DSHS Region 7 Temple office 09/01/23- 08/31/24. This includes two maintenance visits in FY23.	936-39	1.00	YR	2365.75000	\$2,365.75	09/01/2023
					Schedule Total	\$2,365.75	

Dispatch via Print

Department of State Health Services

Purchase Order

					Dispatch	via Print
Payment Ter		Ship Via				04 4005
Net 30	Prepaid & Allow	BEST WAY	Purchase Order		<u>ISTX-4-0000</u>	314035
	by informal bid, Invitation for Offer, or Rec		Date	Revision		Page
	, terms, and conditions set forth in the adve		09/01/23			2
	esponses become a part of this numbered pu		Ship To:	1902 - Temple:2408 S	S 37th St	
0 0	ods or services delivered meet or exceed nu	imbered purchase order	•	DEPARTMENT OF S	TATE HEALTH SER	VICES
requirements.				2408 S 37th St		
	s, shipping papers, invoices, and corresp chase Order Number.	ondence must be identified		Temple TX 76504		
with our Pur	chase Order Number.			United States		
Vendor:	1740841790 9		Bill To:	Invoice-DSHS Fiscal (Claima	
venuor:	WAUKESHA-PEARCE INDUSTRIES		DIII 10;	DEPARTMENT OF S		VICES
	PO BOX 35068	- EEC		1100 W 49th St (RBB)		UTCED .
	HOUSTON TX 772355068			PO Box 149347	/	
	United States			Austin TX 78756		
				United States		
			Fax:	512/458-7442		
			Email:	invoices@dshs.texas.g	gov	
			Purchaser:	Andres,William J		
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantity	UOM	PO Price H	Extended Amt Due	e Date
			.		42 265 55	
			Item Total	for Line 1	\$2,365.75	
			Total D	O Amount	\$2,365.75	
			1 otal P		φ2,303.73	

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	
MAA CTCO, CTCM	04/06/2023