

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-3-0000314128
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 04/06/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision 2 - 4/11/2023
			Page 1
			Ship To: 4551 - Austin:4301 N Lamar Blvd HEALTH & HUMAN SERVICES COMMISSION 4301 N Lamar Blvd Austin TX 78751 United States

Vendor: 1263718834 8
BULLCHASE INC
201 S LAKELINE BLVD STE 503
CEDAR PARK TX 786132741
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: Evans,Jocelynn

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY23 General Goods
Spot Purchase
SP/E

Requisition #: 0000222068

Agency Contact:
Patricia Aros
Patricia.aros@hhs.texas.gov
512-374-6425

Alternate Contact:
Kim Holland
512-374-6419
kim.holland@hhs.texas.gov

SHIP TO ATTN:
Name: Patricia Aros
Phone #: 512-374-6425
Email: Patricia.aros@hhs.texas.gov

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

Vendor Name: BULLCHASE
Contact: Julie Lukenbill
Phone #: 888-558-2855
Email: service@bullchase.com

This purchase order is contingent upon the continued availability of lawful appropriations by the Texas Legislature CPA Procurement Manual, and may be cancelled at any time in whole or part without penalty.

Quote # 70346

Invoicing and Payment: The invoice shall contain all the following in order to be considered for payment: PO number referenced, a unique invoice number, invoice date, and the total invoice amount. Each invoice shall also have an attached copy of the bill in order to be paid. Mail all original invoices to the BILL TO ADDRESS ON PO. Payment terms are net thirty days (30) unless a discount has been offered. Facility is not responsible for failure by the vendor to properly invoice which may delay payment processing.

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Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
1-1	Rubbermaid Step Can SQ95L 25G White #8A248	450-18	8.00	EA	528.02000	\$4,224.16	04/06/2023
Schedule Total						<u>\$4,224.16</u>	
Item Total for Line 1						<u>\$4,224.16</u>	
2-1	Shipping	615-60	1.00	EA	159.02000	\$0.00	CANCEL
Schedule Total						<u>\$0.00</u>	
Item Total for Line 2						<u>\$0.00</u>	
Total PO Amount						\$4,224.16	

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

Jocelynn Evans, CTCD

04/11/2023