# Health and Human Services Commission

## **Purchase Order**

|  |   |                             |                         |  | Dispatch via Print |
|--|---|-----------------------------|-------------------------|--|--------------------|
| Payment Te<br>Net 30   | rms Freight Terms<br>Prepaid & Allow  | <b>Ship Via</b><br>BEST WAY | Purchase Order          | HHSTX  | (-3-0000314245     |
| If advertised by informal bid, Invitation for Offer, or Request for Proposal; all<br>specifications, terms, and conditions set forth in the advertisement and vendor's<br>conforming responses become a part of this numbered purchase order. Contractor<br>guarantees goods or services delivered meet or exceed numbered purchase order<br>requirements.<br>All shipments, shipping papers, invoices, and correspondence must be identified<br>with our Purchase Order Number. |   |                             | <b>Date</b><br>04/10/23 | Revision   | <b>Page</b><br>1   |
|  |   |                             | Ship To:                | 6694 - Austin:1111 W North Loop<br>HEALTH & HUMAN SERVICES COMMISSION<br>1111 W North Loop<br>Austin TX 78756<br>United States |                    |
| Vendor:  | 1453328644 0<br>AMAZON CAPITAL SERVICES INC<br>PO BOX 35184<br>SEATTLE WA 981245185<br><b>United States</b> |                             | Bill To:                | Invoice-HHSC Accounting<br>HEALTH & HUMAN SERVI<br>4601 W Guadalupe St<br>Austin TX 78751<br>United States                     | CES COMMISSION     |
|  |   |                             | 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 Quantity         | UOM                     | PO Price Extended  | ed Amt Due Date    |

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

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

DELIVERY: 1 Days After Receipt of PO

PRIMARY POINT OF CONTACT Name: Matthew Vega Email: matt.vega@hhs.texas.gov Phone: Cell/ 512-317-9882 Desk/ 512-462-6325

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

Vendor: Amazon Capital Services Inc VID: 1453328644 Contact: Customer Service Phone: 1-888-280-4331 Email: ar-businessworkbench@amazon.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 221057

1-1

Techbee Digital Infinite Repeat Cycle Intermittent Timer Plug for Electrical Outlet, 24 Hour Programmable Indoor Timed Power Switch with Countdown 655-15

2.00 EA

15.49000

**Dispatch via Print** 

# **Health and Human Services Commission**

## **Purchase Order**

|  |   |                             |            |                                 |  | Dispat                       | tch via Print |
|--|---|-----------------------------|------------|---------------------------------|--|------------------------------|---------------|
| Payment Ter<br>Net 30  | Prepaid & Allow                             | <b>Ship Via</b><br>BEST WAY |            | Purchase Order                  |  | HHSTX-3-00                   | 00314245      |
| If advertised by informal bid, Invitation for Offer, or Request for Proposal; all  |   |                             |            | Date                            | Revision   |                              | Page          |
| specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor |   |                             |            | 04/10/23                        | <u> </u>   | 1 1 <b>11</b> 7 <b>1</b> 7   | 2             |
| guarantees goods or services delivered meet or exceed numbered purchase order  |   |                             |            | Ship To:                        | 6694 - Austin:1111 W North Loop<br>HEALTH & HUMAN SERVICES COMMISS |                              | MMISSION      |
| requirements.  |   |                             |            | _                               | 1111 W North Loop  |                              |               |
| All shipments, shipping papers, invoices, and correspondence must be identified<br>with our Purchase Order Number.   |   |                             |            | Austin TX 7875<br>United States |  |                              |               |
| with our 1 urenase order Aumser.   |   |                             | ]          | United States                   |  |                              |               |
| Vendor:  | 1453328644 0<br>AMAZON CAPITAL SERVICES INC |                             |            | Bill To:                        | Invoice-HHSC A   | ccounting<br>MAN SERVICES CO | MMISSION      |
|  | PO BOX 35184                                |                             |            |                                 | 4601 W Guadalu   |                              | MIMISSION     |
|  | SEATTLE WA 981245185                        |                             |            |                                 | Austin TX 78751  |                              |               |
|  | United States                               |                             |            |                                 | United States  |                              |               |
|  |   |                             |            | Fax:                            | 512/424-6901   |                              |               |
|  |   |                             |            | Email:                          | HHSC_AP@hhso   | c.state.tx.us                |               |
|  |   |                             |            |                                 |  |                              |               |
|  |   |                             |            | Purchaser:                      | Evans,Jocelynn   |                              |               |
| Line-Sch   | Inventory Item ID - Line Description        | Class/Item Qu               | uantity    | UOM                             | PO Price   | Extended Amt                 | Due Date      |
|  | Delay On and Off (120V, 15A)                |                             |            |                                 |  |                              |               |
|  |   |                             |            | Sche                            | dule Total   | \$30.98                      |               |
|  |   |                             |            |                                 |  |                              |               |
|  |   | Item Total f                | for Line 1 | \$30.98                         |  |                              |               |
|  |   |                             |            |                                 | _  |                              |               |
|  |   |                             |            | Total PO                        | O Amount   | \$30.98                      |               |
|  |   |                             |            |                                 |  |                              |               |

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     |            |
|-------------------|------------|
| Jedymm Gumm, CTCD | 04/26/2023 |
|                   | 04/20/2023 |