

# Health and Human Services Commission

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> Prepaid & Allow	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>HHSTX-3-0000314530</b>
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.			<b>Date</b> 04/13/23
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> Page 1
			<b>Ship To:</b> 4038 - Corpus Christi:902 Airport HEALTH & HUMAN SERVICES COMMISSION 902 Airport Rd Corpus Christi TX 78405 United States

**Vendor:** 1742551787 1  
JIMSON INC  
DBA ALL BRAND SALES SERVICE  
5001 AMBASSADOR ROW  
CORPUS CHRISTI TX 784162103  
United States

**Bill To:** Invoice - DADS  
HEALTH & HUMAN SERVICES COMMISSION  
4001 S Hwy 36  
Brenham TX 77833  
United States

**Fax:** 979/277-1865

**Purchaser:** Connell, Ron Lee

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 Open Market  
SP/E

Requisition #: HHSTX-3-0000226636

Requester: Richard Castaneda  
Phone #: 361-844-7730  
Email: richard.castaneda@hhs.texas.gov

SHIP TO ATTN: Richard Castaneda, 361-844-7730, richard.castaneda@hhs.texas.gov

Purchaser Name: Ron Connell  
Phone #: 512-406-2666  
Email: ron.connell@hhs.texas.gov

Vendor Name: Jimson Inc., DBA All Brand Sales Service  
Contact: Lisa Hammer  
Phone #: 361-851-1002  
Email: lhammer851@aol.com

Goods and/or services are to be delivered and invoiced after September 1, 2022.

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.

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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.

1-1	Booster Heater Hatco C-15, 240V, 3PH, labor and freight	165-29	1.00	EA	2975.00000	\$2,975.00	04/17/2023
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<b>Schedule Total</b>	\$2,975.00
<b>Item Total for Line 1</b>	\$2,975.00

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**Fax:** 979/277-1865

**Purchaser:** Connell, Ron Lee

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
2-1	Labor	165-29	3.00	HR	88.00000	\$264.00	04/17/2023
<b>Schedule Total</b>						\$264.00	
<b>Item Total for Line 2</b>						\$264.00	
3-1	Freight	962-86	1.00	EA	105.00000	\$105.00	04/17/2023
<b>Schedule Total</b>						\$105.00	
<b>Item Total for Line 3</b>						\$105.00	
<b>Total PO Amount</b>						\$3,344.00	

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**

*R. Lee*

**04/13/2023**