

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-3-0000314971 |
| 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 04/18/23 |
| All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number. | | | Revision 1118 - El Paso:7920 Alameda HEALTH & HUMAN SERVICES COMMISSION 7920 Alameda El Paso TX 79915 United States |
| | | | Page 1 |

Vendor: 1650830075 9
MORNING STAR INDUSTRIES
PO BOX 1266
JENSEN BEACH FL 349581266
United States

Bill To: Invoice-HHSC Region 10, DADS:
HEALTH & HUMAN SERVICES COMMISSION
401 Franklin Ave
Ste 450
El Paso TX 79901
United States

Fax: 915/834-7587

Purchaser: De La Rosa,Lindsey M

| Line-Sch | Inventory Item ID - Line Description | Class/Item | Quantity | UOM | PO Price | Extended Amt | Due Date |
|----------|--------------------------------------|------------|----------|-----|----------|--------------|----------|
|----------|--------------------------------------|------------|----------|-----|----------|--------------|----------|

SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO.
 FREIGHT: F.O.B. Destination Freight Prepaid Allowed
 DELIVERY: 14 Days After Receipt of PO
 BILL TO LOCATION CODE 1111 - HHSC - ATTENTION R10 FINANCIAL SERVICES 401 E. FRANKLIN SUITE 450 EL PASO TX 79901
 PLEASE EMAIL INVOICES TO Reg10_AP@hhs.texas.gov for FASTER PROCESSING.
 SHIP TO LOCATION CODE 1118 HHSC - WAREHOUSE 7920 ALAMEDA EL PASO TX 79915.
 Shipping location open Monday through Friday, 8 AM to 12 PM and 1 PM to 5 PM.

AGENCY CONTACT:
 Ship to Attn: Jesus Romero
 (915) 858-7787
 Jesus.Romero@hhs.texas.gov

HHSC BUYER:
 Lindsey De La Rosa
 7766284
 Lindsey.delarosa@hhs.texas.gov

VENDOR:
 VID: 16508300759
 Contractor: Morning Star Industries, Inc.
 Contact Name: Brittany Bonawitz
 Email: Brittany@morningstarusa.Com
 Phone: (800) 440-6050
 Alternate Contact Name: Kelly Brill
 Alternate Email: kelly@morningstarusa.com
 Address: 819 S. Federal Hwy Suite 205 Stuart FL 34994QUOTE # X

PURCHASING METHOD: CP/X
 Procurement methods were evaluated, and the best value is provided using the TXMAS contract. Purchase made under the Authority of 2155.502 Development of Multiple Award Schedule.
 Txmas Contract: TXMAS-20-7301
 Term: 8/1/2020- 12/15/2024
 Smartbuy PO: 23126181

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
 Invoicing Standards on PO copy for supplier: (a) To receive payment, a contractor must submit an invoice to the state agency receiving the goods or services.

The invoice should include, but is not limited to including:

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- (1) the contractor's mailing and e-mail (if applicable) address;
- (2) the contractor's telephone number;
- (3) the name and telephone number of a person designated by the contractor to answer questions regarding the invoice;
- (4) the state agency's name, agency number, and delivery address;
- (5) the state agency's purchase order number, if applicable;
- (6) the contract number or other reference number, if applicable;
- (7) a valid Texas identification number (TIN) issued by the comptroller;
- (8) a description of the goods or services, in sufficient detail to identify the order which relates to the invoice;
- (9) unit numbers corresponding to the amount of the invoice;
- (10) if submitting an invoice after receiving an assignment of a contract, the TIN of the original contractor and the TIN of the successor vendor;
- (11) other relevant information supporting and explaining the payment requested.

Requisition: 229906

| | | | | | | | |
|------------------------------|--|--------|--------|-----|----------|------------|------------|
| 1-1 | Supplier Part # TMS1042771 Refill Time mist Metered Clean and Fresh | 493-18 | 20.00 | CTN | 54.16000 | \$1,083.20 | 04/18/2023 |
| Schedule Total | | | | | | \$1,083.20 | |
| Item Total for Line 1 | | | | | | \$1,083.20 | |
| 2-1 | Supplier Part # TMS1042781EA Refill Timemist Metered Citrus 1 | 493-18 | 240.00 | EA | 4.73000 | \$1,135.20 | 04/18/2023 |
| Schedule Total | | | | | | \$1,135.20 | |
| Item Total for Line 2 | | | | | | \$1,135.20 | |
| Total PO Amount | | | | | | \$2,218.40 | |

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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

Lindsey De La Rosa

04/18/2023