# **Health and Human Services Commission**

#### **Purchase Order**

Payment Terms Net 30	Freight Terms Prepaid & Allow	<b>Ship Via</b> BEST WAY	Purchase Orde	. ння	STX-3-0000315412	
If advertised by info	ormal bid, Invitation for Offer, or Reque	est 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 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.		04/24/23 Ship To:	1 4549 - San Antonio:6711 S New Brau HEALTH & HUMAN SERVICES COMMISSION 6711 S New Braunfels Ste 100 San Antonio TX 78223			
JIN 150 RC	1263754794 9 JIM COLEMAN LTD 1500 HICKS RD STE 400 ROLLING MEADOWS IL 600081224 United States		Bill To:	United States Invoice-DSHS Accounts Payable HEALTH & HUMAN SERVICES COMMISSION 6711 S New Braunfels Ste 100 San Antonio TX 78223 United States		
			Fax: Email:	210/531-7883 SAHAccounting@dshs.te	exas.gov	
			Purchaser:	Alvarado,Veronica		
Line-Sch Inven	ntory Item ID - Line Description	Class/Item Quantity	UOM		tended Amt Due Date	
Freight: F.O.B Des Delivery: 5 Days A Delivery hours are	ons: Ship according to the DUE DAT stination Freight Prepaid Allowed After Receipt of PO 9 from 8:00-11:30 AM and 1:00-4:30 VIA EMAIL TO: sahaccounting@ds	PM Monday Friday exc		Holidays		
Agency Contact: Maria Cabrera @ 2 mariaelena.cabrer Ship to: Warehous	a1@hhs.texas.gov					
Delivery Contact: / Purchaser: Veronica Alvarado Veronica.Alvarado						
Vendor Information Jim Coleman, LTD Jim Coleman @ 8- orders@jimcolema	) 47-963-8100					
Requirement / Lim This PO is conting	nitations: Jent upon the continued availability of	of lawful appropriations b	y the Texas Legislatu	re. FY2023 funding.		
1-1 VINV	7. BVANNERS WITH X-STAND	350-10 1.00	EA	89.99000	\$89.99 05/01/2023	

Dispatch via Print

# Health and Human Services Commission

### **Purchase Order**

**Dispatch via Print** 

Payment Te	erms Freight Terms	Ship V	'ia			•	
Net 30	Prepaid & Allow	BEST		Purchase Order		HHSTX-3-0	000315412
specification	by informal bid, Invitation for Offer, or Re as, terms, and conditions set forth in the advert	ertisement and ve	ndor's	<b>Date</b> 04/24/23	Revision		Page 2
guarantees g requirements All shipmen	responses become a part of this numbered p oods or services delivered meet or exceed n s. ats, shipping papers, invoices, and corresp rrchase Order Number.	umbered purchase	e order	Ship To:			
Vendor:	1263754794 9 JIM COLEMAN LTD 1500 HICKS RD STE 400 ROLLING MEADOWS IL 600081224 <b>United States</b>			Bill To:			OMMISSION
				Fax: Email:	210/531-7883 SAHAccountir	g@dshs.texas.gov	
				Purchaser:	Alvarado,Vero	onica	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
				Sch	edule Total	\$89.99	
				Item Total	for Line 1	\$89.99	
2-1	BUTTONS PKG 10 NW05	350-10	18.00	PKG	7.99000	\$143.82	05/01/2023
				Sch	edule Total	\$143.82	

					Schedule Total	\$143.82	
					Item Total for Line 2	\$143.82	
3-1	BANNER NW02	350-10	1.00	EA	89.99000	\$89.99	05/01/2023
					Schedule Total	\$89.99	
					Item Total for Line 3	\$89.99	
4-1	POSTER NW01	350-10	12.00	EA	4.99000	\$59.88	05/01/2023
					Schedule Total	\$59.88	
					Item Total for Line 4	\$59.88	
5-1	Freight	962-86	1.00	LOT	38.37000	\$38.37	04/24/2023
					Schedule Total	\$38.37	
					Item Total for Line 5	\$38.37	
					Total PO Amount	\$422.05	

### **Health and Human Services Commission**

### **Purchase Order**

						Dispatch via Print	
Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship V BEST		Purchase Order	HHST	X-3-0000315412	
specifications, te	nformal bid, Invitation for Offer, or Re rms, and conditions set forth in the adv	ertisement and ve	ndor's	Date 04/24/23	Revision	<b>Page</b> 3	
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.				Ship To:	4549 - San Antonio:6711 S New Brau HEALTH & HUMAN SERVICES COMMISSION 6711 S New Braunfels Ste 100 San Antonio TX 78223 United States		
	1263754794 9 JIM COLEMAN LTD 1500 HICKS RD STE 400 ROLLING MEADOWS IL 60008122 <b>United States</b>	4		Bill To:	Invoice-DSHS Accounts Pa HEALTH & HUMAN SER 6711 S New Braunfels Ste 100 San Antonio TX 78223 United States		
				Fax: Email:	210/531-7883 SAHAccounting@dshs.texa	ıs.gov	
				Purchaser:	Alvarado, Veronica		
Line-Sch In	ventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price Exten	ded Amt Due Date	

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	
Veronica Alvarado, CTCV, CTCM	
	04/25/2

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