Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via			
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHS	STX-3-0000315458
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 04/25/23	Revision	Page 1
			Ship To:	0016 - Abilene:4601 S 1st St HEALTH & HUMAN SERVICES COMMISSION 4601 S 1st St	
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.				PO Box 521 Abilene TX 79605 United States	
			_		

Vendor: 1900999880 8

SOUTH CENTRAL SUPPLY LLC 828 BETTERMAN DR PFLUGERVILLE TX 786605117

United States

Bill To: Invoice-HHSC Accounting

HEALTH & HUMAN SERVICES COMMISSION

4601 W Guadalupe St Austin TX 78751 United States

Fax: 512/424-6901

Email: HHSC_AP@hhsc.state.tx.us

Purchaser: Maldonado, Daniel Ray

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

Delivery hours are from 8:00-11:30 AM and 1:00-4:30 PM Monday Friday except designated State Holidays

AGENCY CONTACT: Rebecca Velasquez +1 (325) 795-5522

rebecca. vela squez@hhs.texas.gov

Ship to Attn: Rebecca Velasquez

HHSC BUYER: Daniel Maldonado, CTCD 512-406-2649

Daniel.Maldonado01@hhs.texas.gov

VENDOR:

South Central Supply sales@supplytexas.com

QUOTE # Q17430

PURCHASING METHOD: IT-D

Purchase of IT Commodities Not Available Through DIR

Purchase made under the Authority of 1 TEX. ADMIN. CODE § 212.22 (Blanket Exemption)

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 # 0000231601

1-1 207-20 11.00 EA 26.99000 \$296.89 04/27/2023

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Net 30	Prepaid & Allow	Snip v BEST		Purchase Order		HHSTX-3-00	000315458
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Vendor:	or: 1900999880 8 Bill To: SOUTH CENTRAL SUPPLY LLC 828 BETTERMAN DR PFLUGERVILLE TX 786605117 United States		Bill To:	Invoice-HHSC Accounting HEALTH & HUMAN SERVICES COMMISSION 4601 W Guadalupe St Austin TX 78751 United States			
				Fax: Email:	512/424-6901 HHSC_AP@hh	isc.state.tx.us	
				Purchaser:	Maldonado,Da	aniel Ray	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
	Mount with Removable 75mm and 100mm VESA Plate, Fits up to 30 inch Screens, Black, Item #: MOUNT-POLE01						
				Sche	dule Total	\$296.89	
				Item Total	for Line 1	\$296.89	
				Total P	O Amount	\$296.89	

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	
Daniel Maldonado, CTCD	04/25/2023