Health and Human Services Commission

Purchase Order

Payment To Net 30 If advertised	erms Freight Terms Prepaid & Allow I by informal bid, Invitation for Offer, or Rec	Ship Via BEST WAY quest for Proposal; all	Purchase Order Date	HHSTX-3-0000315599 Revision Page
conforming guarantees g requirement All shipmer	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. Vendor: 1270077967 6 DREAM RANCH LLC ATTN: SHERI DEWET 11614 JIM CHRISTAL RD KRUM TX 762497027 United States			1 6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop Austin TX 78756 United States Invoice - HHSC HEALTH & HUMAN SERVICES COMMISSION 4601 W Guadalupe St PO Box 149030 Austin TX 78751 United States
			Fax: Email:	512/438-2086 HHSC_AP@hhsc.state.tx.us
Line-Sch	Inventory Item ID - Line Description	Class/Item Qua	Purchaser: ntity UOM	Evans, Jocelynn 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: Vendor will specify.

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

AGENCY CONTACT: Name: Emersun Frechette Phone: +1 (512) 438-2656 Email: emersun.frechette@hhs.texas.gov

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

VENDOR: Dream Ranch Sheri Dewet 940-591-6565 Sheri@dreamranchtx.com

QUOTE 10263

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 221414

Dispatch via Print

Health and Human Services Commission

Purchase Order

	Freight Terms	Ship V	/ia				
Net 30	Prepaid & Allow	BEST		Purchase Order		HHSTX-3-0	
	d by informal bid, Invitation for Offer, or Re-			Date	Revision		Page
	ons, terms, and conditions set forth in the advo g responses become a part of this numbered p			04/26/23			2
guarantees goods or services delivered meet or exceed numbered purchase order requirements.				Ship To:	6694 - Austin:1111 W North Loop HEALTH & HUMAN SERVICES COMMISSION 1111 W North Loop		
with our P	urchase Order Number.				United States		
Vendor:	1270077967 6			Bill To:	Invoice - HHS	С	
	DREAM RANCH LLC				HEALTH & HUMAN SERVICES COMMISSION		
	ATTN: SHERI DEWET 11614 JIM CHRISTAL RD				4601 W Guada PO Box 14903		
	KRUM TX 762497027				Austin TX 787		
	United States				United States		
				Fax:	512/438-2086		
			Email:	HHSC_AP@hhsc.state.tx.us			
					_		
				Purchaser:	Evans, Jocely	nn	
Line-Sch						1111	
	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
	Inventory Item ID - Line Description Form # F-14501-PAR-L	Class/Item	Quantity	UOM			Due Date
	× •	Class/Item	Quantity		PO Price	Extended Amt	Due Date
	× •	Class/Item	Quantity			Extended Amt	Due Date
	× •	Class/Item	Quantity	Sch	PO Price	Extended Amt \$128.00	Due Date
	× •	Class/Item	Quantity	Sch	PO Price	Extended Amt \$128.00	Due Date
2-1	× •	Class/Item 966-11	Quantity 1.00	Sch	PO Price	Extended Amt \$128.00	Due Date 04/26/2023
	× •			Sch Item Total	PO Price edule Total	Extended Amt \$128.00 \$128.00	
	Form # F-14501-PAR-L			Sch Item Total EA	PO Price edule Total	Extended Amt \$128.00 \$128.00 \$25.00	
	Form # F-14501-PAR-L			Sch Item Total EA Sch	PO Price edule Total for Line 1 25.00000	Extended Amt \$128.00 \$128.00 \$25.00 \$25.00	
	Form # F-14501-PAR-L			Sch Item Total EA Sch	PO Price edule Total for Line 1 25.00000 edule Total	Extended Amt \$128.00 \$128.00 \$25.00 \$25.00	
	Form # F-14501-PAR-L			Sch Item Total EA Sch Item Total	PO Price edule Total for Line 1 25.00000 edule Total	Extended Amt \$128.00 \$128.00 \$25.00 \$25.00	

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	
Jodymm Gusune, CTCD	
0-0	04/26/2023

Dispatch via Print