Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Ter	rms Freight Terms	Ship Via		1110=1/4 0 00004=040		
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSTX-3-0000315810		
If advertised by informal bid, Invitation for Offer, or Request for Proposal; all			Date	Revision Page		
1	, terms, and conditions set forth in the ad		04/28/23	1		
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:	2371 - Schertz:109 Windy Meadows D HEALTH & HUMAN SERVICES COMMISSION 109 Windy Meadows Dr Schertz TX 78154 United States		
Vendor:	1843685131 7 HORNY TOAD DISTRIBUTORS L 6033 BELMONT AVE DALLAS TX 752066807 United States	LC	Bill To:	Invoice-HHSC Region 8, Inspect HEALTH & HUMAN SERVICES COMMISSION 11307 Roszell PO Box 23990 San Antonio TX 78217 United States		
			Fax: Email:	210/619-8272 Reg08_Admin_Services@hhsc.state.tx.us		

Purchaser:

UOM

FY23 Purchase / Requisition #: 0000230084

Shipping Instructions: Ship according to the DUE DATES specified on the PO.

Class/Item

Freight: F.O.B Destination Freight Prepaid Allowed

Inventory Item ID - Line Description

Delivery: 15 days After Receipt of PO

NO DELIVERIES BETWEEN 12:00-1:00PM. PLEASE CONTACT PAT CROSSLAND, (210-945-1555) 24 HOURS PRIOR TO DELIVERY. NO LOADING DOCK AND NOFORKLIFT FOR DRIVER TO USE. LIFTGATE AND DOLLY REQUIRED TO DELIVER BOX INSIDE BUILDING TO BREAKROOM

Quantity

Agency Contact: Teresa Parker @ 210-596-2019 TERESA.PARKER@HHS.TEXAS.GOV

Purchaser

Line-Sch

Veronica Alvarado @ (512) 406-2505 Veronia.Alvarado@hhs.texas.gov

VENDOR INFORMATION: Horny Toad Distributors, LLC Steven L. Davis @ 806-441-1878 orders@hornytoaddistributors.com

Purchasing Type: CP-A

Contract #: 045-A1 (Funding Begins: 03-22-21 / Funding Ends: 08-31-2023)

Smartbuy PO:

Requirements/Limitations:

This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature.

Invoice per 34 TAC §20.487, amended effective May 1, 2022

1-1 045-52 1.00 EA 254.53000 \$254.53 04/14/2023

COUNTERTOP MICROWAVE OVEN, 1.6 CU FT., 1,200 WATTS, BRAND: WHIRLPOOL, ITEM# WMC30516HB

Schedule Total \$254.53

Alvarado, Veronica

Extended Amt

Due Date

PO Price

Health and Human Services Commission

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guarantees g requirements All shipmen	responses become a part of this numbered proods or services delivered meet or exceed n s. ats, shipping papers, invoices, and correspurchase Order Number.	Ship To:	2371 - Schertz:109 Windy Meadows D HEALTH & HUMAN SERVICES COMMISSION 109 Windy Meadows Dr Schertz TX 78154 United States				
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			Fax: Email:	210/619-8272 Reg08_Admin_Services@hhsc.state.tx.us			
			Purchaser:	Alvarado, Veronica			
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantity	UOM	PO Price	Extended Amt	Due Date	
			Item Total	Item Total for Line 1 \$254.53			
		Total Po	O Amount	\$254.53			

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, CTCD, CTCM
04/28/2023