## **Health and Human Services Commission**

# **Purchase Order**

**Dispatch via Print** 

Payment Terms	Freight Terms	Ship Via			<b>3</b> =\(\)
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHS	STX-3-0000316128
specifications, terms	rmal bid, Invitation for Offer, or I	dvertisement and vendor's	<b>Date</b> 05/02/23	Revision	Page 1
conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.			Ship To:	6943 - Austin:6101 E Oltorf HEALTH & HUMAN SERVICES COMMISSION 6101 E Oltorf	
All shipments, ship with our Purchase	ping papers, invoices, and corre Order Number.	espondence must be identified		Austin TX 78741 United States	

**Vendor:** 1751964065 4

AFFILIATED TELEPHONE INC 800 JUPITER RD STE 200 PLANO TX 75074

**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

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

FY23 Funding

Requisition: 225933

Quote: Attached

This purchase order is contingent upon the continued availability of lawful appropriations by the Texas Legislature and may be canceled at any time in whole or part without penalty. HHS or the agency does not commit to ordering specific quantities of goods/services or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those goods and/or services ordered and received by the agency. Any funds not utilized by 08/31/2023 are automatically canceled.

Purchase order issued in accordance with Texas Government Code §2157.068. Attached Terms and Conditions apply to this Purchase Order.

Vendor Contact: Affiliated Telephone Inc Steve Springfield (512) 225-6562 sspringfield@affiliatedcom.com

Agency Contact: Jesse Ayala (512) 424-6975 DDS.TX.S49.AP@ssa.gov

FY23 FR 031623 #13

Health Human Services Commission Mail Code: 3500 4900 N. Lamar Blvd. Austin, TX 78751 Bill to Code: 3500

Medical Social Services Division

Delivery Address: Disability Determination Services 6101 E. Oltorf Street Austin, TX 78741 ATTN: SMS Jackie Gonzales (512) 437-8776

Final Destination: Jesse Ayala

## **Health and Human Services Commission**

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Payment Terms	Freight Terms	Ship Via		L	HSTX-3-0000316128
Net 30	Prepaid & Allow	BEST WAY	Purchase Order		1031X-3-0000310120
If advertised by infor	mal bid, Invitation for Offer, or	Request for Proposal; all	Date	Revision	Page
1 '	and conditions set forth in the a		05/02/23		2
0 1	s become a part of this numbere		Ship To:	6943 - Austin:6101	I E Oltorf
0 .	services delivered meet or excee	d numbered purchase order	_	HEALTH & HUMA	AN SERVICES COMMISSION
requirements.			_	6101 E Oltorf	
All shipments, shipp	ping papers, invoices, and corr	espondence must be identified		Austin TX 78741	
with our Purchase (	Order Number.			United States	
			<del>-</del>		

**Vendor:** 1751964065 4

AFFILIATED TELEPHONE INC 800 JUPITER RD STE 200 PLANO TX 75074 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

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

Phone: (512) 437-8754

Email address: DDS.TX.S49.AP@ssa.gov

Contract Specialist: Dana Sherrill Phone: (512) 206-5647

Email: Dana.Sherrill@hhs.texas.gov

Note: Commercial vehicle deliveries must back into the loading dock when making deliveries to the Texas DDS thereby making it unsuitable for semitrailers longer than 53 feet with a truck attachment that contains a sleeper cab. To avoid damage to property and surrounding trees, please use a delivery vehicle that is suitable for this location.

Please send all invoices to Disability Determination Services PO Box 149198 Austin, TX 78714-9198 for authorization.

Purchaser: Sheana Prince, CTCD (512) 406-2548 Sheana.Prince@hhs.texas.gov

Invoicing and Payment: The invoice shall contain all the following order to be considered for payment: PO number referenced, a unique invoice number, invoice date, and the total invoice amount. Each invoice shall also have an attached copy of the bill in order to be paid. Mail all original invoices to the BILL TO ADDRESS ON PO. Payment terms are net thirty days (30) unless a discount has been offered. Facility is not responsible for failure by the vendor to properly invoice which may delay payment processing.

Deliver to SHIP TO ADDRESS ON PO Please include PO NUMBERS ON PACKING SLIPS, CARTONS, PACKAGES, BUNDLES, ETC.

Freight Terms are FOB Destination Prepaid and Allowed/Add.

Delivery Hours: 8:00-11:30 AM and 1:00-4:30 PM Monday thru Friday except designated State Holidays when the Warehouse is closed

1-1 207-10 2.00 EA 888.00000 \$1,776.00 05/16/2023

APC Replacement Battery Cartridge #140

#140 NIGP: 20710

 Schedule Total
 \$1,776.00

 Item Total for Line 1
 \$1,776.00

Total PO Amount \$1,776.00

# **Health and Human Services Commission**

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Payment To Net 30	erms Freight Terms Prepaid & Allow	Ship V BEST		Purchase Order	Н	HSTX-3-0000316128
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.  All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			ndor's	<b>Date</b> 05/02/23	Revision	<b>Page</b> 3
			Ship To:	6943 - Austin:6101 E Oltorf HEALTH & HUMAN SERVICES COMMISSION 6101 E Oltorf Austin TX 78741 United States		
Vendor:	Vendor: 1751964065 4 AFFILIATED TELEPHONE INC 800 JUPITER RD STE 200 PLANO TX 75074 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@hhsc.stat	e.tx.us
				Purchaser:	Prince,Sheana Dene	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended 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

Sheana Prince, CTCD

05/02/2023