Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order		HHSTX-3-0000316251	
If advertised by infor specifications, terms	r Request for Proposal; all advertisement and vendor's	Date 05/03/23	Revision 3 - 5/5/2023	Page 1		
	s become a part of this number services delivered meet or exce		Ship To:	2171 - Lubbock:6302 Iola Ave HEALTH & HUMAN SERVICES COMMISSION 6302 Iola Ave		
All shipments, shipp with our Purchase (respondence must be identified		Lubbock TX 79- United States	424	
			- "			

Vendor: 1263718834 8

BULLCHASE INC

201 S LAKELINE BLVD STE 503 CEDAR PARK TX 786132741

United States

Bill To: Invoice-HHSC OES, Texas Works

HEALTH & HUMAN SERVICES COMMISSION

6302 Iola Ave Lubbock TX 79424 United States

Fax: 806/783-6620

Email: HHSC Reg01_Admin_Services@hhsc.state.tx.

Purchaser: Evans, Jocelynn

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

FY23 General Goods Spot Purchase SP/E

Requisition #: 0000225001

Name: Debrough Roberts Phone:+1 (806) 783-6603

Email: debrough.roberts@hhs.texas.gov

SHIP TO ATTN: Debrough Roberts

Purchaser Information: Name: Jocelynn Evans Phone #512-776-6233

Email Address: jocelynn.evans@hhs.texas.gov

Vendor Name: BULLCHASE Contact: Julie Lukenbill Phone #: 888-558-2855 Email: service@bullchase.com

- (a) To receive payment, a contractor must submit an invoice to the state agency receiving the goods or services. The invoice should include, but is not limited to including:
- (1) the contractor's mailing and e-mail (if applicable) address;
- (2) the contractor's telephone number;
- (3) the name and telephone number of a person designated by the contractor to answer questions regarding the invoice;
- (4) the state agency's name, agency number, and delivery address;
- (5) the state agency's purchase order number, if applicable;
- (6) the contract number or other reference number, if applicable;
- (7) a valid Texas identification number (TIN) issued by the comptroller;
- (8) a description of the goods or services, in sufficient detail to identify the order which relates to the invoice;
- (9) unit numbers corresponding to the amount of the invoice;
- (10) if submitting an invoice after receiving an assignment of a contract, the TIN of the original contractor and the TIN of the successor vendor;
- (11) other relevant information supporting and explaining the payment requested.

This purchase order is contingent upon the continued availability of lawful appropriations by the Texas Legislature CPA Procurement Manual, and may be cancelled at any time in whole or part without penalty.

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## **Health and Human Services Commission**

# **Purchase Order**

**Dispatch via Print** 

| Payment Terms                                                                                                                                                              | Freight Terms                     | Ship Via                       |                |                                                                                     | LUICTY 2 000024C2E4 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------------|----------------|-------------------------------------------------------------------------------------|---------------------|--|
| Net 30                                                                                                                                                                     | Prepaid & Allow                   | BEST WAY                       | Purchase Order |                                                                                     | HHSTX-3-0000316251  |  |
| If advertised by infor                                                                                                                                                     | mal bid, Invitation for Offer, or | Request for Proposal; all      | Date           | Revision                                                                            | Page                |  |
| specifications, terms, and conditions set forth in the advertisement and vendor's                                                                                          |                                   |                                | 05/03/23       | 3 - 5/5/2023                                                                        | 2                   |  |
| 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:       | 2171 - Lubbock:6302 Iola Ave<br>HEALTH & HUMAN SERVICES COMMISSION<br>6302 Iola Ave |                     |  |
| All shipments, shipp<br>with our Purchase (                                                                                                                                |                                   | respondence must be identified |                | Lubbock TX 7942<br>United States                                                    | 24                  |  |
|                                                                                                                                                                            |                                   |                                | =              |                                                                                     |                     |  |

**Vendor:** 1263718834 8

BULLCHASE INC

201 S LAKELINE BLVD STE 503 CEDAR PARK TX 786132741

**United States** 

Bill To: Invoice-HHSC OES, Texas Works

HEALTH & HUMAN SERVICES COMMISSION

6302 Iola Ave Lubbock TX 79424 United States

**Fax:** 806/783-6620

Email: HHSC Reg01\_Admin\_Services@hhsc.state.tx.

Purchaser: Evans, Jocelynn

Invoicing and Payment: The invoice shall contain all the following in 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.

| 1-1 | R01 SIRCLE Film Laminating Machine:<br>Hot, 36 in/min, 27 in Max. Document<br>Wd, Item: 6HJX6 Mfr Model: SRL-<br>2700-HR | 665-38 | 1.00 | EA  | 1998.80000            | \$1,998.80 | 05/19/2023 |
|-----|--------------------------------------------------------------------------------------------------------------------------|--------|------|-----|-----------------------|------------|------------|
|     |                                                                                                                          |        |      |     | Schedule Total        | \$1,998.80 |            |
|     |                                                                                                                          |        |      |     | Item Total for Line 1 | \$1,998.80 |            |
| 2-1 | R01 Laminating Film: Roll, 27 in x 500 ft Roll Size, 500 ft Lg, 1.5 mil Thick, 2 PK Item#: 6HJX9                         | 665-42 | 4.00 | PKG | 154.52000             | \$618.08   | 05/15/2023 |
|     |                                                                                                                          |        |      |     | Schedule Total        | \$618.08   |            |
|     |                                                                                                                          |        |      |     | Item Total for Line 2 | \$618.08   |            |
| 3-1 | R01 Binding Machine: Comb, Electric, 500 Sheets, Electric, 30 Sheets Item # 30D527                                       | 125-21 | 1.00 | EA  | 2123.10000            | \$2,123.10 | 05/15/2023 |
|     |                                                                                                                          |        |      |     | Schedule Total        | \$2,123.10 |            |
|     |                                                                                                                          |        |      |     | Item Total for Line 3 | \$2,123.10 |            |
| 4-1 | R01 Shipping & Freight for copy room items                                                                               | 962-86 | 1.00 | LOT | 119.96000             | \$0.00     | CANCEL     |
|     |                                                                                                                          |        |      |     | Schedule Total        | \$0.00     |            |
|     |                                                                                                                          |        |      |     | Item Total for Line 4 | \$0.00     |            |

## **Health and Human Services Commission**

#### **Purchase Order**

**Dispatch via Print** 

| Payment Te                                                                                                                                                                                                                                                                                  | 8                                                                                                        | Ship Via        |                      | LILICTY 2 0000                                                                                                            | 04 COE4 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----------------|----------------------|---------------------------------------------------------------------------------------------------------------------------|---------|--|
| Net 30                                                                                                                                                                                                                                                                                      | Prepaid & Allow                                                                                          | BEST WAY        | Purchase Order       |                                                                                                                           |         |  |
| If advertised by informal bid, Invitation for Offer, or Request for Proposal; all                                                                                                                                                                                                           |                                                                                                          |                 | <b>Date</b> 05/03/23 | Revision                                                                                                                  | Page    |  |
|                                                                                                                                                                                                                                                                                             | specifications, terms, and conditions set forth in the advertisement and vendor's                        |                 |                      | 3 - 5/5/2023                                                                                                              | 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:             | 2171 - Lubbock:6302 Iola Ave<br>HEALTH & HUMAN SERVICES COMMISSION<br>6302 Iola Ave<br>Lubbock TX 79424<br>United States  |         |  |
| Vendor:                                                                                                                                                                                                                                                                                     | 1263718834 8<br>BULLCHASE INC<br>201 S LAKELINE BLVD STE 503<br>CEDAR PARK TX 786132741<br>United States |                 | Bill To:             | Invoice-HHSC OES, Texas Works<br>HEALTH & HUMAN SERVICES COMMISSION<br>6302 Iola Ave<br>Lubbock TX 79424<br>United States |         |  |
|                                                                                                                                                                                                                                                                                             |                                                                                                          |                 | Fax:<br>Email:       | 806/783-6620<br>HHSC Reg01_Admin_Services@hhsc.state.t                                                                    | tx.     |  |
|                                                                                                                                                                                                                                                                                             |                                                                                                          |                 | Purchaser:           | Evans, Jocelynn                                                                                                           |         |  |
| Line-Sch                                                                                                                                                                                                                                                                                    | Inventory Item ID - Line Description                                                                     | Class/Item Quan | tity UOM             | PO Price Extended Amt Due                                                                                                 | e 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 Joseph CTCD

Total PO Amount

05/05/2023

\$4,739.98