## **Health and Human Services Commission**

### **Purchase Order**

**Dispatch via Print** 

	Freight Terms Prepaid & Allow	Ship Via BEST WA	ΑY	Purchase Order		HHSTX-3-000031628	
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.			or's	Date 05/03/23	Revision Pa		
			Ship To:	3137 - Tyler:3303 Mineola Hwy HEALTH & HUMAN SERVICES COMMISSION 3303 Mineola Hwy PO Box 5200 Tyler TX 75702 United States			
TEXAS PO BO HUNTS	dor: 3696696696 6 TEXAS DEPARTMENT OF CRIMINAL JUSTICE PO BOX 4015 HUNTSVILLE TX 77342-4015 United States		<b>Bill To:</b> Invoice-HHSC; Region 04 Headqu HEALTH & HUMAN SERVICES CON 302 E Rieck Rd Tyler TX 75703 United States		JMAN SERVICES COMMISSION		
			Fax: Email:	903 534 8487 paula.thurman@hhsc.state.tx.us			
				Purchaser: De La Rosa, Lindsey M			
Line-Sch Inventory	Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt Due Date	

Health and Human Services Commission 3303 MINEOLA HWY., TYLER, TX 75702 Attention: Darin Adams / 903-533-4258 / Darin.Adams@hhs.texas.gov

BILL TO LOCATION CODE: 3135 Health and Human Services Commission 302 E. RIECK ROAD, TYLER, TX 75703

SEND INVOICES TO: reg04\_admin\_services@hhs.texas.gov

SUPER USER: Esperanza.McMeans@hhs.texas.gov / 903-509-5131

SCOR DIVISION # 13 HHSC - System Support Services

Please follow the Texas Comptroller's Invoicing standards as seen below.

Include PO Number on invoices, bills, receipts, bill lading, packing slips, and back order.

(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, 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.

Notes to Purchaser: Add PCC code to PO copy, if any Please add Requisition number and SmartBuy Number on PO copy

Replace broken/worn chairs throughout the region. SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO. FREIGHT: F.O.B. Destination Freight Prepaid Allowed

# Health and Human Services Commission

# **Purchase Order**

		Fulchase		Diseastale site Deter		
Payment Terms		Ship Via		Dispatch via Prin		
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSTX-3-0000316284		
specifications, ter	nformal bid, Invitation for Offer, or R ms, and conditions set forth in the ad uses become a part of this numbered	vertisement and vendor's	Date 05/03/23	Revision Pag		
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		Ship To:	3137 - Tyler:3303 Mineola Hwy HEALTH & HUMAN SERVICES COMMISSION 3303 Mineola Hwy PO Box 5200			
	se Order Number.			Tyler TX 75702 United States		
, 1 1	3696696696696696696696696696696696696696	NAL JUSTICE	Bill To:	Invoice-HHSC; Region 04 Headqu HEALTH & HUMAN SERVICES COMMISSION 302 E Rieck Rd Tyler TX 75703 United States		
			Fax: Email:	903 534 8487 paula.thurman@hhsc.state.tx.us		
			Purchaser:	De La Rosa,Lindsey M		
Line-Sch Inv	ventory Item ID - Line Description	Class/Item Quantity	UOM	PO Price Extended Amt Due Date		
BILL TO LOCAT Health and Hum 202 E. RIECK F SEND INVOICE SUPER USER: AGENCY CONT Ship to Attn: Da HISC BUYER: indsey De La F 766284	rin Adams / 903-533-4258 / Darin	ns.texas.gov gov / 903-509-5131				
Email: tci@tdcj. Phone: (936) 43	Customer Service texas.gov					
Term Contact: 4 Term: 8/1/2006- Smartbuy PO: 2 REQUIREMEN This PO is conti Invoice per 34 T Please follow th Include PO Nun (a) To receive p	12/31/2099	lity of lawful appropriations by Aay 1, 2022 andards as seen below. I lading, packing slips, and ba an invoice to the State Agenc	r the Texas Legislature	e. FY2023 funding.		

## **Health and Human Services Commission**

### **Purchase Order**

**Dispatch via Print** 

Net 30	Prepaid & Allow	Ship Via BEST WAY	(	Purchase	Order	HHSTX-3-0	000316284
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		Ship To:	HEALTH &	3137 - Tyler:3303 Mineola Hwy HEALTH & HUMAN SERVICES COMMISSION 3303 Mineola Hwy			
	ts, shipping papers, invoices, and corr rchase Order Number.		Tyler TX 75	PO Box 5200 Tyler TX 75702 United States			
Vendor:	3696696696 6 TEXAS DEPARTMENT OF CRIN PO BOX 4015 HUNTSVILLE TX 77342-4015 <b>United States</b>	AINAL JUSTICE	JUSTICE		Invoice-HHSC; Region 04 Headqu HEALTH & HUMAN SERVICES 302 E Rieck Rd Tyler TX 75703 United States		
				Fax: Email:	903 534 848 paula.thurma	7 an@hhsc.state.tx.us	
				Purchaser:	De La Rosa	a,Lindsey M	
Line-Sch	Inventory Item ID - Line Descriptio	n Class/Item Qu	uantity	UOM	PO Price	Extended Amt	Due Date
<ul> <li>(3) the nam</li> <li>(4) the state</li> <li>(5) the state</li> <li>(6) the cont</li> <li>(7) a valid T</li> <li>(8) a description</li> <li>(9) unit num</li> <li>(10) if subm</li> </ul>	ractor's telephone number; e and telephone number of a persor e agency's name, agency number, d e agency's purchase order number, d ract number or other reference numl exas identification number (TIN) iss ption of the goods or services, in suf bers corresponding to the amount of hitting an invoice after receiving an a elevant information supporting and e	elivery address; f applicable; ber, if applicable; ued by the Comptroller; ficient detail to identify t of the invoice; ssignment of a contract	the orde , the TIN	r which relates t	to the invoice;		endor;
1-1	R04 - Breathe Right Jr Seating Chair With Arms, Comm.Code 425-60-3300 1	425-06 )9-	60.00	EA	250.00000	\$15,000.00	05/19/2023
					Schedule Total	\$15,000.00	
				Item	Total for Line 1	\$15,000.00	
				Т	Cotal PO Amount	\$15,000.00	

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

Linosuy De La Rosa

<u>05/03/2023</u>