Health and Human Services Commission

Purchase Order

I A Smar	tBuy PO ID					Dispatch via Print	
Payment Te Net 30	erms Freight Terms Prepaid & Allow	Ship V i BEST V		Purchase Order	Hł	HSTX-3-0000316309	
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.				Date 05/03/23	Revision Pag		
				Ship To:			
Vendor:	1561558062 6 BOB BARKER COMPANY INC PO BOX 429 FUQUAY VARINA NC 275260429 United States			Bill To:	Terrell SH Whse HEALTH & HUMAN 1200 E Brin PO Box 70 Terrell TX 75160 United States	SERVICES COMMISSION	
				Email:	DSHS.TSHBusinessO	ffice@dshs.texas.gov	
				Purchaser:	Viktora,Kourtney Ch		
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt Due Date	

FREIGHT: F.O.B Destination Freight Prepaid and Allowed

DELIVERY: 14 days After Receipt of PO

Delivery hours are from 8:00-11:30 AM and 1:00-4:30 PM Monday - Friday except designated State Holidays when the Warehouse is closed.

Please call Agency Delivery Contact to schedule delivery 24 hours prior to arrival.

AGENCY DELIVERY CONTACT: Whse Supvr Stacy Ward Ph: 940-689-5311 stacy.ward@hhs.texas.gov Reg Mgr Charles Barrett

TV Smart Duy DO ID

HHSC BUYER: Kourtney Viktora (512)776-2692 Kourtney.viktora@hhs.texas.gov

VENDOR: Brock Frew 1-800-334-9880 customerservicecentral@bobbarker.com

FY23

OMNIA GPO and HHS Contract#: HHS000840200001 Contract Number: WA00034777 October 5, 2022 through October 4, 2024

PURCHASING METHOD: EX-0 Purchase made under the Authority of Texas Government Code 2155.1441 for Health Care Purchasing including group purchasing programs.

Requisition # MIM2316650 Line 2, 80

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200-10-00001-5 200-10 SWEAT PANT 2XL GRAY SPGY-2XL BOBBARKER 60.00 EA

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Health and Human Services Commission

Purchase Order

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uarantees goods or equirements. Il shipments, ship rith our Purchase Gendor: 15	r services delivered meet or exceed nu	mbered purchas	se order	Ship To:	4547 11:11:		
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PC FU	561558062 6 OB BARKER COMPANY INC O BOX 429 JQUAY VARINA NC 275260429 nited States			Bill To:	Terrell SH Whse HEALTH & HUMAN SERVICES COMMISSIO 1200 E Brin PO Box 70 Terrell TX 75160 United States)MMISSION
				Email:	DSHS.TSHBusinessOffice@dshs.texas.gov		s.gov
				Purchaser:	Viktora,Kourtn	ey Chrissanne	
ine-Sch Inve	ntory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
				Sch	edule Total	\$569.40	
				Item Total	for Line 1	\$569.40	
GRI	05-00007-0 PPER BLK CNV HVY DTY SZ11 BARKER FCNGB21 LOW CT	800-05	24.00	PR	13.28000	\$318.72	05/17/2023
				Sche	Schedule Total		
				Item Total	for Line 2	\$318.72	
					O Amount	\$888.12	

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 Leurtney Vi Ktor	
	05/04/2023