

# Health and Human Services Commission

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> Prepaid & Allow	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>HHSTX-3-0000316845</b>
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.			<b>Date</b> 05/09/23
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> Page 1
			<b>Ship To:</b> 3137 - Tyler:3303 Mineola Hwy HEALTH & HUMAN SERVICES COMMISSION 3303 Mineola Hwy PO Box 5200 Tyler TX 75702 United States

**Vendor:** 1650830075 9  
MORNING STAR INDUSTRIES  
PO BOX 1266  
JENSEN BEACH FL 349581266  
United States

**Bill To:** Invoice-HHSC; Region 04 Headqu  
HEALTH & HUMAN SERVICES COMMISSION  
302 E Rieck Rd  
Tyler TX 75703  
United States

**Fax:** 903 534 8487  
**Email:** paula.thurman@hhsc.state.tx.us

**Purchaser:** Alvarado, Veronica

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

FY23 Purchase / Requisition #: 0000233428

Confirmation Order - Do Not Duplicate

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

Freight: F.O.B. Destination Freight Prepaid 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

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

Agency Contact:  
Darin Adams @ N/A  
darin.adams@hhs.texas.gov

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

Vendor Information:  
Morning Star Industries, Inc.  
Brittney Bonawitz @ 800-440-6050  
Brittney@morningstarusa.Com

Purchasing Method: CP/X  
Procurement methods were evaluated, and the best value is provided using the TXMAS contract.

Contract # TXMAS-20-7301 (Funding Begins: 08-01-2020 / Funding Ends: 12-15-2024)  
Smartbuy PO:

Requirements/Limitations:  
This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature. FY2023 funding.

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

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:

# Health and Human Services Commission

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> Prepaid & Allow	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>HHSTX-3-0000316845</b>
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.			<b>Date</b> 05/09/23
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> Page 2
			<b>Ship To:</b> 3137 - Tyler:3303 Mineola Hwy HEALTH & HUMAN SERVICES COMMISSION 3303 Mineola Hwy PO Box 5200 Tyler TX 75702 United States

**Vendor:** 1650830075 9  
MORNING STAR INDUSTRIES  
PO BOX 1266  
JENSEN BEACH FL 349581266  
United States

**Bill To:** Invoice-HHSC; Region 04 Headqu  
HEALTH & HUMAN SERVICES COMMISSION  
302 E Rieck Rd  
Tyler TX 75703  
United States

**Fax:** 903 534 8487  
**Email:** paula.thurman@hhsc.state.tx.us

**Purchaser:** Alvarado, Veronica

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

- (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.

1-1	39x39 Clear Shredder Bag,39 Gal; Supplier Part Number: 8105013994793	485-05	10.00	BOX	19.68000	\$196.80	05/23/2023
-----	---	--------	-------	-----	----------	----------	------------

<b>Schedule Total</b>	\$196.80
<b>Item Total for Line 1</b>	\$196.80

2-1	Shredder Bags Clear,1 Roll of 50 Bags; Supplier Part Number: 8105015574974	485-05	10.00	BOX	31.59000	\$315.90	05/23/2023
-----	---	--------	-------	-----	----------	----------	------------

<b>Schedule Total</b>	\$315.90
<b>Item Total for Line 2</b>	\$315.90

<b>Total PO Amount</b>	\$512.70
------------------------	----------

# Health and Human Services Commission

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> Prepaid & Allow	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>HHSTX-3-0000316845</b>
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.			<b>Date</b> 05/09/23
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> <b>Page</b> 3
			<b>Ship To:</b> 3137 - Tyler:3303 Mineola Hwy HEALTH & HUMAN SERVICES COMMISSION 3303 Mineola Hwy PO Box 5200 Tyler TX 75702 United States

**Vendor:** 1650830075 9  
MORNING STAR INDUSTRIES  
PO BOX 1266  
JENSEN BEACH FL 349581266  
United States

**Bill To:** Invoice-HHSC; Region 04 Headqu  
HEALTH & HUMAN SERVICES COMMISSION  
302 E Rieck Rd  
Tyler TX 75703  
United States

**Fax:** 903 534 8487  
**Email:** paula.thurman@hhsc.state.tx.us

**Purchaser:** Alvarado, Veronica

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**

*Veronica Alvarado, CTCO, CTCM*

**05/09/2023**