Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms Net 30	s Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-	3-0000317105	
specifications, te	informal bid, Invitation for Offer, or Ferms, and conditions set forth in the ad	lvertisement and vendor's	Date 05/11/23	Revision	Page 1	
guarantees good requirements.	onses become a part of this numbered s or services delivered meet or exceed	numbered purchase order	Ship To:	1118 - El Paso:7920 Alameda HEALTH & HUMAN SERVICES COMMISSION 7920 Alameda		
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.				El Paso TX 79915 United States		
Vendor:	dor: 1900999880 8 SOUTH CENTRAL SUPPLY LLC 828 BETTERMAN DR PFLUGERVILLE TX 786605117 United States		Bill To:	Invoice-HHSC Region 10, DAD HEALTH & HUMAN SERVICE 401 Franklin Ave Ste 450 El Paso TX 79901 United States		
			Fax:	915/834-7587		

				Purchaser:	Evans, Jocelynn		
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date

SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO.

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

DELIVERY: 7 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: Reg10_AP@hhs.texas.gov

Ship Attention to: Jesus Romero

Please contact when order is shipped and expected delivery date.

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

Include PO Number on invoices, bills, receipts, bill of 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, 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.

(11) other relevant information supporting and explaining the payment requested

AGENCY CONTACT: Name: Jesus Romero Phone: 915-276-9914 Email: Jesus.Romero@hhs.texas.gov

Purchaser Information: Name: Jocelynn Evans Phone #512-776-6233 Email Address: jocelynn.evans@hhs.texas.gov

VENDOR: South Central Supply sales@supplytexas.com

Health and Human Services Commission

Purchase Order

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specification	by informal bid, Invitation for Offer, or Rec s, terms, and conditions set forth in the adve	rtisement and ve	endor's	Date 05/11/23	Revision		Pa
uarantees g equirements		umbered purchas	se order	Ship To:	1118 - El Paso: HEALTH & HU 7920 Alameda	7920 Alameda IMAN SERVICES CC	OMMISSION
	ts, shipping papers, invoices, and corresp rchase Order Number.	ondence must b	e identified		El Paso TX 799 United States	15	
Vendor:	1900999880 8 SOUTH CENTRAL SUPPLY LLC 828 BETTERMAN DR PFLUGERVILLE TX 786605117 United States			Bill To:		-	OMMISSION
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Not to Exce REQUIREN This PO is on Invoice per Requisition	NG METHOD: SP/E ed \$10,000.00 IENTS/LIMITATIONS: contingent upon the continued availabilit 34 TAC §20.487, amended effective Ma # 0000220995 Smead Fastener File Folders, 2 Fasteners, Reinforced 1/3-Cut Tab, Letter Size, Blue, 50/Box # 12040		ropriations by 5.00	вох	38.99000	\$194.95	05/11/2023
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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:	1118 - El Paso:7920 Alamet HEALTH & HUMAN SERV 7920 Alameda El Paso TX 79915 United States	
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			Fax:	915/834-7587	

				Purchaser:	Evans, Jocelynn		
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	
Jodymm Gumme, CTCD	
0 0	05/12/2023
0	<u>05/12/2023</u>