## Health and Human Services Commission

## **Purchase Order**

Dispatch via Print

|  |   |                             |                         |   | Biopaton na rinn         |
|--|---|-----------------------------|-------------------------|---|--------------------------|
| Payment Ter<br>Net 30  | Prepaid & Allow   | <b>Ship Via</b><br>BEST WAY | Purchase Order          |   | HHSTX-3-0000317308       |
| If advertised by informal bid, Invitation for Offer, or Request for Proposal; all<br>specifications, terms, and conditions set forth in the advertisement and vendor's<br>conforming responses become a part of this numbered purchase order. Contractor<br>guarantees goods or services delivered meet or exceed numbered purchase order<br>requirements.<br>All shipments, shipping papers, invoices, and correspondence must be identified<br>with our Purchase Order Number. |   |                             | <b>Date</b><br>05/15/23 | Revision  | <b>Page</b><br>1         |
|  |   |                             | Ship To:                | 0293 - Beaumont: 1090 S 4th St<br>HEALTH & HUMAN SERVICES COMMISSION<br>1090 S 4th St<br>Beaumont TX 77701<br>United States |                          |
| Vendor:  | 1135526506 4<br>SID TOOL CO INC<br>DBA MSC INDUSTRIAL SUPPLY CO<br>PO BOX 953635<br>SAINT LOUIS MO 631950001<br><b>United States</b>                                |                             | Bill To:                | Invoice-HHSC Re<br>HEALTH & HUN<br>350 Pine St Flr 9<br>Beaumont TX 777<br>United States                                    | MAN SERVICES COMMISSION  |
|  |   |                             | Fax:<br>Email:          | 409/951-3209<br>Reg05_Admin_Se  | ervices@hhsc.state.tx.us |
|  |   |                             | Purchaser:              | Connell,Ron Lee   |                          |
| Line-Sch   | Inventory Item ID - Line Description  | Class/Item Quantity         | UOM                     | PO Price  | Extended Amt Due Date    |
| Texas Smart<br>Requester: L<br>Phone #: 409<br>Email: Laura<br>SHIP TO AT<br>Purchaser N<br>Phone #: 51  | 51V08<br>: HHSTX-3-0000234055<br>Buy PO - 23155449<br>aura Kvarme<br>9-812-2700<br>Kvarme@hhs.texas.gov<br>TN: Laura Kvarme, 409-812-2700, Laur<br>ame: Ron Connell | a.Kvarme@hhs.texas.gov      |                         |   |                          |
| Contact: De<br>Phone #: 51<br>Email: devo  | e: MSC Industrial Supply Co.<br>yon Chmura / Michael Gordon<br>2-296-0974 / 714-454-5985<br>n.chmura@mscdirect.com / gordonm@i<br>on Order-Do Not Duplicate***      | msdirect.com                |                         |   |                          |
| Goods and/c  | r services are to be delivered and invoid   | ced after September 1, 2022 | 2.                      |   |                          |

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.

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;

## **Health and Human Services Commission**

## **Purchase Order**

| Payment Terms Freight Terms Ship Via |   |                           |                |  |                                      |  |  |
|--------------------------------------|---|---------------------------|----------------|--|--------------------------------------|--|--|
| Net 30                               | Prepaid & Allow   | BEST WAY                  | Purchase Order | ŀ                                      | HSTX-3-0000317308                    |  |  |
|                                      | by informal bid, Invitation for Offer, or Req                                 |                           | Date           | Revision                               | Page                                 |  |  |
| 1                                    | s, terms, and conditions set forth in the adver                               |                           | 05/15/23       |  | 2                                    |  |  |
| 0                                    | responses become a part of this numbered pu                                   |                           | Ship To:       | Ship To: 0293 - Beaumont:1090 S 4th St |                                      |  |  |
| requirements                         | boods or services delivered meet or exceed nu                                 | inibered purchase order   |                |  | AN SERVICES COMMISSION               |  |  |
| -                                    | ts, shipping papers, invoices, and correspo                                   | ndence must be identified |                | 1090 S 4th St                          |                                      |  |  |
|                                      | rchase Order Number.  | muchee must be fuctified  |                | Beaumont TX 7770<br>United States      | )]                                   |  |  |
|                                      |   |                           |                | United States                          |                                      |  |  |
| Vendor:                              | 1135526506 4  |                           | Bill To:       | Invoice-HHSC Reg                       | g 05 ; Administ                      |  |  |
|                                      | SID TOOL CO INC   |                           |                |  | AN SERVICES COMMISSION               |  |  |
|                                      | DBA MSC INDUSTRIAL SUPPLY CC  | )                         |                | 350 Pine St Flr 9                      |                                      |  |  |
|                                      | PO BOX 953635   |                           |                | Beaumont TX 7770                       | )1                                   |  |  |
|                                      | SAINT LOUIS MO 631950001<br>United States                                     |                           |                | United States                          |                                      |  |  |
|                                      | United States   |                           |                |  |                                      |  |  |
|                                      |   |                           |                |  |                                      |  |  |
|                                      |   |                           | Fax:           | 409/951-3209                           |                                      |  |  |
|                                      |   |                           | Email:         |  | vices@hhsc.state.tx.us               |  |  |
|                                      |   |                           |                | 0                                      |                                      |  |  |
|                                      |   |                           |                |  |                                      |  |  |
|                                      |   |                           | Purchaser:     | Connell,Ron Lee                        |                                      |  |  |
| Line-Sch                             | Inventory Item ID - Line Description  | Class/Item Quantity       | UOM            | PO Price                               | Extended Amt Due Date                |  |  |
| Line Sen                             |   | Quantity                  | 00112          | 101110                                 |                                      |  |  |
|                                      | itting an invoice after receiving an assign                                   |                           |                | ctor and the TIN of                    | the successor vendor;                |  |  |
| (11) other                           | elevant information supporting and expla                                      | aining the payment reques | ted.           |  |                                      |  |  |
|                                      |   |                           |                |  |                                      |  |  |
|                                      | nd Payment: The invoice shall contain all                                     |                           |                |  |                                      |  |  |
|                                      | oice date, and the total invoice amount.<br>TO ADDRESS ON PO. Payment terms a |                           |                |  |                                      |  |  |
|                                      | roperly invoice which may delay payment                                       |                           |                | in onered. Facility is                 | s not responsible for failure by the |  |  |
| vendor to p                          | openy involce which may delay paymen  | r processing.             |                |  |                                      |  |  |
|                                      |   |                           |                |  |                                      |  |  |
|                                      |   |                           |                |  |                                      |  |  |
| 1-1                                  |   | 615-88 36.00              | EA             | 6.22000                                | \$223.92 05/23/2023                  |  |  |
|                                      | 2" X 110 Yd Clear Synthetic Rubber  |                           |                |  |                                      |  |  |
|                                      | Resin Adhesive Sealing Tape,  |                           |                |  |                                      |  |  |
|                                      | Polypropylene Film Backing, 1.85 Mil  |                           |                |  |                                      |  |  |
|                                      | Thick, 27-lb. Tensile Strength, Series 7100, #74511239                        |                           |                |  |                                      |  |  |
|                                      | /100, #/4511259   |                           |                |  |                                      |  |  |
|                                      |   |                           | Sche           | dule Total                             | \$223.92                             |  |  |
|                                      |   |                           | Item Total     | for Line 1                             | \$223.92                             |  |  |
|                                      |   |                           |                |  |                                      |  |  |
|                                      |   |                           | Total P        | O Amount                               | \$223.92                             |  |  |
|                                      |   |                           |                | L                                      |                                      |  |  |
| -                                    |   |                           |                |  |                                      |  |  |

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

Reef.

**Dispatch via Print** 

