Health and Human Services Commission

Purchase Order

						Dispatch via Print
Payment Ter Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST WA	AY I	Purchase Order	ł	HSTX-3-0000317325
specifications	by informal bid, Invitation for Offer, or Re s, terms, and conditions set forth in the adv	ertisement and vendo	or's (Date 05/15/23	Revision	Page 1
guarantees go requirements. All shipment	esponses become a part of this numbered p ods or services delivered meet or exceed r s, shipping papers, invoices, and corresp chase Order Number.	umbered purchase or	rder	Ship To:	6689 - Brenham:40 HEALTH & HUM 4001 S Hwy 36 Brenham TX 77833 United States	AN SERVICES COMMISSION
Vendor:	1410231510 9 ECOLAB INC PO BOX 70343 CHICAGO IL 60673-0343 United States		1	Bill To:	Invoice - DADS HEALTH & HUM. 4001 Highway 36 S Brenham TX 7783 United States	
				Fax: Email:	979/277-1865 712Accounting@hl	hs.texas.gov
				Purchaser:	Meads,Courtney	512/406-2478
Line-Sch	Inventory Item ID - Line Description	Class/Item (Quantity UO	M	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: 14-30 Days After Receipt of PO

Delivery hours are from 8:00-11:30 AM and 1:00-4:30 PM Monday thru Friday except designated State Holidays

AGENCY CONTACT: Faith Gonzalez Faith.Gonzalez@hhs.texas.gov

HHSC BUYER: Courtney Meads CTCD, CTCM 512-406-2478 courtney.meads@hhs.texas.gov

VENDOR: Dale Mrozinski Government Market Analyst ECOLAB 2750 BLUE WATER ROAD, SUITE 225, EAGAN, MN 55121 952 852 0958 Dale.Mrozinski@ecolab.com

QUOTE Brenaham June quote

PURCHASING METHOD: SP/E Not to Exceed \$10,000.00 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

Requisition 234024

485-16

Health and Human Services Commission

Purchase Order

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				Purchaser:	Meads,Courtney	5	12/406-2478
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
				Sche	dule Total	\$121.58	
				Item Total	for Line 1	\$121.58	
2-1	6101131 LIMEAWAY 4-1 GAL	485-83	2.00	CS	38.44000	\$76.88	06/12/2023
				Sche	dule Total	\$76.88	
				Item Total	for Line 2	\$76.88	
				Total P	O Amount	\$198.46	

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.

Author			
autny	Meads	CTCD, CTCM	<u>05/15/2023</u>

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