Health and Human Services Commission

Purchase Order

Dispatch via Print

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Payment Ter Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHSTX-3-00003178		
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 05/22/23	Revision	Page 1	
			Ship To:	Ship To: 6656 - Lubbock:3401 N University A HEALTH & HUMAN SERVICES COMMISS 3401 N University Ave 3401 N University Ave Lubbock TX 79415 United States		
Vendor:	Vendor: 1410948415 5 FASTENAL COMPANY PO BOX 1286 WINONA MN 55987-0978 United States		Bill To:	Invoice - DADS HEALTH & HUMAN SERVICES COMMISS 2501 Maple St PO Box 451 Abilene TX 79602 United States		

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

Fax:

Email:

325/795-3807

710Accounting@hhsc.state.tx.us

FY23 General Goods

TXMAS- 18-51V07

CP/X

Requisition #: HHSTX-3-0000235059 Texas Smart Buy PO - 23155794

Requester: Luisa Olguin-Torrez Phone #: 806-741-3511

Email: luisa.olguin-torrez@hhs.texas.gov

SHIP TO ATTN: Luisa Olguin-Torrez, 806-741-3511, luisa.olguin-torrez@hhs.texas.gov

Purchaser Name: Ron Connell Phone #: 512-406-2666 Email: ron.connell@hhs.texas.gov

Email: 1011.com/cire/mis.tcxas.gov

Vendor Name: FASTENAL COMPANY

Contact: Zach Wise Phone #: 507-313-7206 Email: txsmartbuy@fastenal.com

Goods and/or services are to be delivered and invoiced after September 1, 2022.

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.

Invoicing and Payment: The invoice shall contain all the following in order to be considered for payment: PO number referenced, a unique invoice number, invoice date, and the total invoice amount. Each invoice shall also have an attached copy of the bill in order to be paid. Mail all original invoices to the BILL TO ADDRESS ON PO. Payment terms are net thirty days (30) unless a discount has been offered. Facility is not responsible for failure by the vendor to properly invoice which may delay payment processing.

^{***}Confirmation Order-Do Not Duplicate***

Health and Human Services Commission

Purchase Order

Dispatch via Print

Freight Terms	Ship Via		LUIOTV 0 0000047000		
Prepaid & Allow	BEST WAY	Purchase Order	HHSTX-3-0000317898		
		Date	Revision Page		
		05/22/23	2		
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.			6656 - Lubbock:3401 N University A HEALTH & HUMAN SERVICES COMMISSION 3401 N University Ave 3401 N University Ave Lubbock TX 79415 United States		
410948415 5 ASTENAL COMPANY O BOX 1286 /INONA MN 55987-0978 nited States		Bill To:	Invoice - DADS HEALTH & HUMAN SERVICES COMMISSION 2501 Maple St PO Box 451 Abilene TX 79602 United States		
		Fax: Email:	325/795-3807 710Accounting@hhsc.state.tx.us		
	Prepaid & Allow rmal bid, Invitation for Offer, or a, and conditions set forth in the a es become a part of this numbered services delivered meet or exceed ping papers, invoices, and corre Order Number. 10948415 5 STENAL COMPANY BOX 1286 NONA MN 55987-0978	Prepaid & Allow BEST WAY rmal bid, Invitation for Offer, or Request for Proposal; all s, and conditions set forth in the advertisement and vendor's es become a part of this numbered purchase order. Contractor services delivered meet or exceed numbered purchase order ping papers, invoices, and correspondence must be identified Order Number. 10948415 5 STENAL COMPANY BOX 1286 NONA MN 55987-0978	Prepaid & Allow BEST WAY Purchase Order rmal bid, Invitation for Offer, or Request for Proposal; all s, and conditions set forth in the advertisement and vendor's es become a part of this numbered purchase order. Contractor services delivered meet or exceed numbered purchase order Ship To: Bill To: Bill To: Fax:		

				Purcl	naser: Connell,Ron Lee	Э	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
					Schedule Total	\$182.40	
					Item Total for Line 1	\$182.40	
2-1	4" x 6" Lined Assorted Neon POST-IT Super Sticky Notes 3 Pads Item#0529674	615-62	6.00	EA	16.04000	\$96.24	05/29/2023
					Schedule Total	\$96.24	
					Item Total for Line 2	\$96.24	
3-1	3" x 3" Assorted Ultra 90 Sheet POST-IT Super Sticky Pop-Up Note Pad 10Ct Item#1600589	615-62	6.00	EA	25.25000	\$151.50	05/29/2023
					Schedule Total	\$151.50	
					Item Total for Line 3	\$151.50	
					Total PO Amount	\$430.14	

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.

05/22/2023