## Health and Human Services Commission

## Purchase Order


Fax: 979/277-1865

Email: 712Accounting@hhs.texas.gov

|  |  |  |  | Purchaser: | Connell,Ron Lee |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| Line-Sch | Inventory Item ID - Line Description | Class/Item | Quantity | UOM | PO Price | Extended Amt |

FY24 General Goods
Blanket Purchase Order
SP/E
Requisition \#: HHSTX-4-0000224585
Requester Name: Leslie Wright
Facility: Brenham SSLC
Phone \#: 979.277.1314
Email: leslie.wright@hhs.texas.gov
Lead Contact: Kori Kelm, 979.277.1584, kori.kelm@hhs.texas.gov
Purchaser Name: Ron Connell
Phone \#: 512-406-2666
Email: ron.connell@hhs.texas.gov
Vendor Name: ORTHOFEET INC
Contact: Scott Buser
Phone \#: 800.524.2845
Email: scott.buser@orthofeet.com
Goods and/or services are to be delivered and invoiced after September 1, 2023.
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.

Blanket Transactional Purchase Order FY24 (9/1/23 through 8/31/2024) for Brenham SSLC. Total contract value is $\$ 9999.00$ with no renewals. Total amount cannot exceed $\$ 9999.00$ without authorization from the agency and PCS Purchaser.
Contractor will deliver products within three (3) days after release/call out has been received from the facility requestor.
HHSC does not commit to ordering specific dollar amounts with respect to this contract. Quantities may be increased or decreased upon need during the term of the contract. Forecasted quantities are estimates only and do not constitute a guarantee of purchase. The agency shall be obligated to pay for only those goods actually ordered and received by the agency. Any funds not utilized by 08-31-24 are automatically cancelled.

## ** VENDORS SEND INVOICES VIA EMAIL TO ** <br> 712accounting@hhs.texas.gov

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.

## Health and Human Services Commission

## Purchase Order

| Payment Terms $\quad$Freight Terms <br> Prepaid \& Allow Ship Via <br> Net 30  | BEST WAY |
| :--- | :--- | :--- |


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| :--- | :--- | :--- | :--- | :--- | :--- | :--- |
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** ALL INVOICES/CORRESPONDENCE MUST REFERENCE THE NEW PURCHASE ORDER NUMBER FOR FY24. **
Deliver to SHIP TO ADDRESS ON PO Please include PO NUMBERS ON PACKING SLIPS, CARTONS, PACKAGES, BUNDLES, ETC. Freight Terms are FOB Destination Prepaid and Allowed/Add.
Delivery hours are from 8:00-11:30 AM and 1:00-4:30 PM Monday thru Friday except designated State Holidays when the Warehouse is closed.

1-1 Shoes for individuals at BSSLC

800-70
1.00 LOT
9999.00000
\$9,999.00 09/01/2023


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



