Health and Human Services Commission

Purchase Order

Dispatch via Print

Extended Amt Due Date

	HHSTX-3-0000318830		
	Revision Page		
06/02/23	1		
Ship To:	4547 - Wichita Falls:6515 Kemp Blv		
	HEALTH & HUMAN SERVICES COMMISSION		
nd.	6515 Kemp Blvd		
eu .	PO Box 300		
	Wichita Falls TX 76308		
	United States		
Bill To:	Invoice-DSHS Accounts Payable DEPARTMENT OF STATE HEALTH SERVICES 4730 College Dr PO Box 2231 Vernon TX 76385 United States		
Fax: Email:	940/553-2525 NTH.AccountsPayable@dshs.state.tx.us		
	Bill To:		

Quantity

Class/Item

FY23 funding SP/E Requisition 2336970 Pricing per Quote Attached PO Service Dates 06-02-23 to 08-31-2023

Attached Terms and Conditions apply to this Purchase Order.

Inventory Item ID - Line Description

This purchase order is contingent upon the continued availability of lawful appropriations by the Texas Legislature and may be canceled at any time in whole or part without penalty. HHS or the agency does not commit to ordering specific quantities of goods/services or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those goods and/or services ordered and received by the agency. Any funds not utilized by 08-31-2023 are automatically canceled.

Purchaser:

UOM

Hogan, David

PO Price

Vendor contact Jack Peirce Electric VID: 1751757963 Contact: Doug Peirce 940-322-1812 peircelectric@juno.com

Line-Sch

Agency contact Allyson Cruz (940) 689-5351 allyson.cruz@hhs.texas.gov

PCS contact David Hogan, CTCD David.Hogan@hhs.texas.gov 512-776-2004

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specifications, terr conforming responding responding responding responding responding requirements. All shipments, shouth our Purchase Vendor:	nformal bid, Invitation for Offer, or Re		WAY	Purchase Order	ппэтх-	3-0000318830	
guarantees goods requirements. All shipments, sh with our Purchas	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			Date 06/02/23	Revision Page 2		
J	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:	4547 - Wichita Falls:6515 Kemp Blv HEALTH & HUMAN SERVICES COMMISSION 6515 Kemp Blvd PO Box 300 Wichita Falls TX 76308 United States			
7	1751757963 1 JACK PEIRCE 1504 13TH ST WICHITA FALLS TX 763015105 United States			Bill To:	Invoice-DSHS Accounts Payable DEPARTMENT OF STATE HEALTH SERVICES 4730 College Dr PO Box 2231 Vernon TX 76385 United States		
				Fax: Email:	940/553-2525 NTH.AccountsPayable@dshs.sta	ate.tx.us	
Line-Sch Inv	ventory Item ID - Line Description	Class/Item	Ouantity	Purchaser: UOM	Hogan, David 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

ALH, CTCD, CTCM

06/02/2023