

# Health and Human Services Commission

## Purchase Order

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> Prepaid & Allow	<b>Ship Via</b> BEST WAY	<b>Purchase Order</b> <b>HHSTX-4-0000318849</b>
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.			<b>Date</b> 09/01/23
<b>All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.</b>			<b>Revision</b> 1 - 6/13/2023
			<b>Page</b> 1
			<b>Ship To:</b> W465 - Austin:701 W 51st St HEALTH & HUMAN SERVICES COMMISSION 701 W 51st St PO Box 149030 Ste 450 Austin TX 78751 United States

**Vendor:** 3537537537 1  
DEPARTMENT OF STATE HEALTH SERVICES  
TRAVEL ADVANCE FUND  
1100 W 49TH ST  
AUSTIN TX 787563101  
United States

**Bill To:** Claims Management Division, CI  
HEALTH & HUMAN SERVICES COMMISSION  
701 W 51st St  
PO Box 149030  
Ste 450  
Austin TX 78751  
United States

**Purchaser:** Manor,Darryl Dwayne 512/406-2475

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY24 Funding  
EX/O TGC 771  
PO Dates 9-1-2023 to 8-31-2024

This PO 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 good/services or dollars amounts with respect to his purchase order. The agency shall be obligated to pay for only those good and /or services ordered and received by the agency. Any funds not utilized by 8-31-2024 are automatically canceled.

SHIPPING INSTRUCTIONS: Ship according to the DUE DATES specified on the PO.

FREIGHT: F.O.B. Destination Freight Prepaid Allowed

DELIVERY: X Days After Receipt of PO

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

Agency Contact  
Candy Mata  
Administrative Assistant | Claims Management Division  
Office: 512-438-5236  
E-Mail: Candelaria.Mata@hhs.texas.gov  
701 West 51st St.  
Winters Building, 4th Floor, West Tower, cubicle B06

Darryl Manor, Purchaser CTCD  
Temp Cell: 512-853-0576 Phone: (512) 406-2475  
E-Mail Address: darryl.manor@hhs.texas.gov

Vendor Contact  
VID: 3537537537  
Department of State Health Services

Invoice per 34 TAC §20.487, amended effective May 1, 2022

REQ. 0000220811 - Blanket

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FY24 Blanket PO for Death Certificates

**Schedule Total**                      \$160.00

**Item Total for Line 1**                      \$160.00

**Total PO Amount** \$160.00

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**

*Darryl Manor CTCD*

**06/13/2023**