Health and Human Services Commission

Purchase Order

Dispatch via Print

| Payment Terms Net 30 | Freight Terms Prepaid & Allow | Ship Via BEST WAY | Purchase Order | нн | STX-3-0000318922 | | |
|-----------------------------------|---|-----------------------------|----------------------|--|-------------------------------|--|--|
| specifications, terms | rmal bid, Invitation for Offer, or F, and conditions set forth in the ad | lvertisement and vendor's | Date 06/05/23 | Revision 1 - 6/5/2023 | | | |
| guarantees goods or requirements. | es become a part of this numbered services delivered meet or exceed ping papers, invoices, and corre Order Number. | numbered purchase order | Ship To: | 3137 - Tyler:3303 Mine HEALTH & HUMAN S 3303 Mineola Hwy PO Box 5200 Tyler TX 75702 United States | ola Hwy ERVICES COMMISSION | | |

Vendor: 1453328644 0

AMAZON CAPITAL SERVICES INC

PO BOX 35184

SEATTLE WA 981245185

United States

Bill To: Invoice-HHSC; Region 04 Headqu

HEALTH & HUMAN SERVICES COMMISSION

302 E Rieck Rd Tyler TX 75703 United States

Fax: 903 534 8487

Email: paula.thurman@hhsc.state.tx.us

Purchaser: Breest, Maria Ana

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

SP/E FY23 CLASS ITEM 037/23

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

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

DELIVERY: 5-10 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

SEND INVOICES TO: reg04_admin_services@hhs.texas.gov

***PACKING LIST REQUIRED TO SHOW PO NUMBER AND ATTN CONTACT INFO ***

AGENCY CONTACT: Darin Adams daqrin.adams@hhs.texas.gov 903-533-4258

HHSC BUYER:

Ana Breest, CTCD, CTCM Direct: 512) 406-2679 Ana.Breest@hhs.texas.gov

VID 1453328644

VENDOR AMAZON CAPITAL SERVICES INC

CONTACT: Customer Service PH: 888-280-4331, 866-216-1075

EMAIL: ar-businessworkbench@amazon.com

TERMS NET 30

QUOTE PRICED PER DEDICATED WEBSITE AMAZON ORDER: 111-8589492-8461861 ORDER # 111-1968355-8289066 ORDER # 111-2516007-1821042

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

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Fax: 903 534 8487

Email: paula.thurman@hhsc.state.tx.us

Purchaser: Breest, Maria Ana

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

Requisition 0000233783

SHIP TO LOCATION CODE: 3137 Health and Human Services Commission 3303 MINEOLA HWY., TYLER, TX 75702

Attention: Darin Adams / 903-533-4258 / Darin.Adams@hhs.texas.gov

BILL TO LOCATION CODE: 3135 Health and Human Services Commission 302 E. RIECK ROAD, TYLER, TX 75703

SEND INVOICES TO: reg04_admin_services@hhs.texas.gov

SUPER USER: Esperanza.McMeans@hhs.texas.gov / 903-509-5131

SCOR DIVISION # 13 HHSC - System Support Services

Please follow the Texas Comptroller's Invoicing standards as seen below.

Include PO Number on invoices, bills, receipts, bill lading, packing slips, and back order.

(a) To receive payment, a contractor must submit an invoice to the State Agency receiving the goods or services.

The invoice should include, but is not limited to including:

- (1) the contractor's mailing and e-mail (if applicable) address;
- (2) the contractor's telephone number:
- (3) the name and telephone number of a person designated by the contractor to answer questions regarding the invoice;
- (4) the state agency's name, agency number, delivery address;
- (5) the state agency's purchase order number, if applicable,
- (6) the contract number or other reference number, if applicable;
- (7) a valid Texas identification number (TIN) issued by the Comptroller;
- (8) a description of the goods or services, in sufficient detail to identify the order which relates to the invoice;
- (9) unit numbers corresponding to the amount of the invoice;
- (10) if submitting an invoice after receiving an assignment of a contract, the TIN of the original contractor and the TIN of the successor vendor;
- (11) other relevant information supporting and explaining the payment requested.

| 1-1 | Employee Appreciation Cardsw/Env. 24 count, Brand N/A, | 037-23 | 2.00 | PCK | 15.99000 | \$31.98 | 06/05/2023 |
|-----------|--|--------|------|-----|-----------------------|---------|------------|
| | | | | | Schedule Total | \$31.98 | |
| PLEASE SE | EE ATTACHED QUOTE. | | | | Item Total for Line 1 | \$31.98 | |

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|---|--|-----------------------------|----------------------|--|------------------|
| specifications, to | informal bid, Invitation for Offer, or Reerms, and conditions set forth in the adv | vertisement and vendor's | Date 06/05/23 | Revision 1 - 6/5/2023 | Page 3 |
| guarantees good requirements. All shipments, | shipping papers, invoices, and correstate Order Number. | numbered purchase order | Ship To: | 3137 - Tyler:3303 Mineola HEALTH & HUMAN SER' 3303 Mineola Hwy PO Box 5200 Tyler TX 75702 United States | • |
| Vendor: | 1453328644 0 AMAZON CAPITAL SERVICES IN | C | Bill To: | Invoice-HHSC; Region 04 F | 1 |

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SEATTLE WA 981245185

United States

302 E Rieck Rd Tyler TX 75703 United States

903 534 8487 Fax:

Email: paula.thurman@hhsc.state.tx.us

| | | | | Purc | chaser: Breest, Maria | Ana | |
|-----------|---|------------|----------|------|-----------------------|--------------|------------|
| Line-Sch | Inventory Item ID - Line Description | Class/Item | Quantity | UOM | PO Price | Extended Amt | Due Date |
| 2-1 | Trophies, Fun Express, Set 12, Plastic Multicolor, 3.75", Brand Fun Express | 080-78 | 2.00 | SET | 18.80000 | \$37.60 | 06/05/2023 |
| | | | | | Schedule Total | \$37.60 | |
| | | | | | | φ27.00 | |
| PLEASE SE | E ATTACHED QUOTE. | | | | Item Total for Line 2 | \$37.60 | |
| 3-1 | Stress Balls, Small,Round, Polyurethane, 2.48x2.48", Brand Leitee, Emoji Theme. 21 pcs. | 805-22 | 1.00 | PCK | 29.99000 | \$29.99 | 06/05/2023 |
| | | | | | Schedule Total | \$29.99 | |
| PLEASE SE | EE ATTACHED QUOTE. | | | | Item Total for Line 3 | \$29.99 | |
| | | | | | Total PO Amount | \$99.57 | |

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 | • | | |
|---------------|---|--|--|
| | | | |
| | | | |
| | | | |

MBrust CTCD,CTOM

06/05/2023