Purchase Order

Dispatch via Print

Payment Ter	8	Ship Via		LUIOTY A AAA	00404E0
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSTX-3-000	<i>J</i> U319159
If advertised by informal bid, Invitation for Offer, or Request for Proposal; all			Date	Revision	Page
	, terms, and conditions set forth in the ad		06/07/23		1
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:	5035 - Rusk:805 N Dickinson Dr HEALTH & HUMAN SERVICES COMMISSION 805 N Dickinson Dr PO Box 318 Rusk TX 75785 United States		
Vendor:	1752803146 5 COOKS SAW SHOP INC 2700 TED TROUT DR LUFKIN TX 759043526 United States		Bill To:	Invoice - DADS HEALTH & HUMAN SERVICES COM 424 Mesquite Dr PO Box 1132 Mexia TX 76667 United States	IMISSION
			Fax: Email:	254/562-1894 718Accounting@hhs.texas.gov	

 Purchaser:
 Evans, Jocelynn

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

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

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

DELIVERY: 14 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

Vendors please send invoices to: 718Accounting@hhs.texas.gov

Warehouse: Please deliver to bldg. 614/504

Ship Attention to: Name: Toni Booker

Email: toni.booker@hhs.texas.gov

Number: 903-683-7571

Please contact when order is shipped and expected delivery date.

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

Include PO Number on invoices, bills, receipts, bill of 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, and 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.

AGENCY CONTACT: Name: Jerry McClure Phone: +903-683-7621

Email: jerry.mcclure@hhs.texas.gov

Purchaser Information:

Purchase Order

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Payment Terms	Freight Terms	Ship Via			TV 0 0000010150
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHS	TX-3-0000319159
		Date 06/07/23	Revision	Page 2	
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All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.					
Vendor: 17:	52803146 5		Bill To:	Invoice - DADS	

Vendor:

COOKS SAW SHOP INC 2700 TED TROUT DR LUFKIN TX 759043526 **United States**

Invoice - DADS Bill To:

HEALTH & HUMAN SERVICES COMMISSION

424 Mesquite Dr PO Box 1132 Mexia TX 76667 United States

254/562-1894 Fax:

718Accounting@hhs.texas.gov **Email:**

Evans, Jocelynn Purchaser:

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

Name: Jocelynn Evans Phone #512-776-6233

Email Address: jocelynn.evans@hhs.texas.gov

VENDOR:

Vendor name: Cooks Saw Shop Contact Name: Stacy Cook Contact Number: 936-637-3056

Contact Email: cooksawshop@gmail.com

QUOTE # 1714

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

Requisition # 0000227360

1-1	GH421200 Washer - Fiber	022-15	200.00	EA	1.13000	\$226.00	06/28/2023
					Schedule Total	\$226.00	
					Item Total for Line 1	\$226.00	
2-1	GH422042 Shield - Flex Discharge	022-15	12.00	EA	31.95000	\$383.40	06/28/2023
					Schedule Total	\$383.40	
					Item Total for Line 2	\$383.40	
3-1	GH183827	022-15	4.00	EA	118.34000	\$473.36	06/28/2023

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Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	HHST	(-3-0000319159
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 06/07/23	Revision	Page 3	
guarantees goods or requirements.	services delivered meet or exceed ping papers, invoices, and corre	this numbered purchase order. Contractor meet or exceed numbered purchase order		5035 - Rusk:805 N Dickinson HEALTH & HUMAN SERV 805 N Dickinson Dr PO Box 318 Rusk TX 75785 United States	
Vondor: 175	52803146 5		Bill To-	Invoice - DADS	

Vendor: 1752803146 5

COOKS SAW SHOP INC 2700 TED TROUT DR LUFKIN TX 759043526 United States Bill To: Invoice - DADS

HEALTH & HUMAN SERVICES COMMISSION

\$80.00

424 Mesquite Dr PO Box 1132 Mexia TX 76667 United States

Fax: 254/562-1894

Email: 718Accounting@hhs.texas.gov

Schedule Total _______

Item Total for Line 6 ______

Total PO Amount \$3,507.32

Purchaser: Evans, Jocelynn Line-Sch **Inventory Item ID - Line Description** Class/Item Quantity UOM PO Price Extended Amt Due Date Switch - Key - Sealed - Kubota Schedule Total \$473.36 Item Total for Line 3 \$473.36 4-1 022-15 24.00 EA 23.93000 \$574.32 06/28/2023 GH100800 Filter- Oil Kubota Schedule Total \$574.32 Item Total for Line 4 \$574.32 5-1 022-15 8.00 EA 221.28000 \$1,770.24 06/28/2023 GH603976 Semi PNEU Wheel and Tire Schedule Total \$1,770.24 Item Total for Line 5 \$1,770.24 6-1 022-15 4.00 EA 20.00000 \$80.00 06/28/2023 GH181725 Fuse Block

Purchase Order

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Payment Ter	rms Freight Terms	Ship V	/ia		11110=1110
Net 30	Prepaid & Allow	BEST	WAY	Purchase Order	HHSTX-3-0000319159
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Line-Sch	Inventory Item ID - Line Description	Class/Item	Ouantity	Purchaser: UOM	Evans, Jocelynn 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.

Julynn Gunn, CTCD

06/15/2023