

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-4-0000319221
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.			Date 09/01/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 1
			Ship To: 5059 - Kerrville:721 Thompson Dr HEALTH & HUMAN SERVICES COMMISSION 721 Thompson Dr Kerrville TX 78028 United States

Vendor: 1203545989 5
GALLS LLC
PO BOX 71628
CHICAGO IL 606941628
United States

Bill To: Invoice-DSHS Accounts Payable
HEALTH & HUMAN SERVICES COMMISSION
6711 S New Braunfels
Ste 100
San Antonio TX 78223
United States

Fax: 210/531-7883
Email: SAHAccounting@dshs.texas.gov

Purchaser: Connell,Ron Lee

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY24 General Goods
Blanket Purchase Order
SP/E
Requisition #: HHSTX-4-0000228838

Requester Name: H. Lee Clancy
Facility: Kerrville State Hospital
Phone #: 830-258-5211
Email: H.Clancy@hhs.texas.gov

KSH Security Contact: Andrew Ribar
Office: 830-258-5215 | Email: andrew.ribar@hhs.texas.gov

Purchaser Name: Ron Connell
Phone #: 512-406-2666
Email: ron.connell@hhs.texas.gov

Vendor Name: GALLS LLC
Contact: Steve Avery
Phone #: 1-800-477-7766
Email: mailPO@galls.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 Kerrville State Hospital. Total contract value is \$5000.00 with no renewals. Total amount cannot exceed \$5000.00 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 ****
SAHAccounting@dshs.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.

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All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 2
			Ship To: 5059 - Kerrville:721 Thompson Dr HEALTH & HUMAN SERVICES COMMISSION 721 Thompson Dr Kerrville TX 78028 United States

Vendor: 1203545989 5
GALLS LLC
PO BOX 71628
CHICAGO IL 606941628
United States

Bill To: Invoice-DSHS Accounts Payable
HEALTH & HUMAN SERVICES COMMISSION
6711 S New Braunfels
Ste 100
San Antonio TX 78223
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Fax: 210/531-7883
Email: SAHAccounting@dshs.texas.gov

Purchaser: Connell, Ron Lee

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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** ALL INVOICES/CORRESPONDENCE MUST REFERENCE THE NEW PURCHASE ORDER NUMBER FOR FY24. **

Vendor's in order to get your Invoices paid:

- 1) Send Invoice. Please note: Invoice must match our PO \$ amount, also must match the same goods/services that are on PO.
 - 2) Send PO.
 - 3) Send both; Invoice PO to: SAHAccounting@dshs.texas.gov or fax to: 210-531-7883
 - 4) On our side, once confirmed goods/services have been received, also checking that invoice matches or equals the PO \$ amount goods/services, then payment will be made within 30 days. *****
- 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	Blanket PO for Security Uniform Accessories Term 9-1-23 thru 8-31-24	200-85	1.00	LOT	5000.00000	\$5,000.00	09/01/2023
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Schedule Total	\$5,000.00
Item Total for Line 1	\$5,000.00
Total PO Amount	\$5,000.00

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

Raf.

06/08/2023