## **Health and Human Services Commission**

## **Purchase Order**

**Dispatch via Print** 

Payment Terms Net 30	Freight Terms Prepaid & Allow	<b>Ship Via</b> BEST WAY	Purchase Order	НН	STX-3-0000319640	
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			<b>Date</b> 06/14/23	Revision Page		
conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.			Ship To:	Y909 - Austin:12300 Technology Blv HEALTH & HUMAN SERVICES COMMISSION 12300 Technology Blvd		
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Austin TX 78727 United States	n TX 78727		
			_			

**Vendor:** 1133670763 0

WESTERN-BRW PAPER CO INC DBA BOSWORTH PAPERS

PO BOX 847642 DALLAS TX 752847642

**United States** 

Bill To: Print Shop North

HEALTH & HUMAN SERVICES COMMISSION

12300 Technology Blvd Austin TX 78727

United States

				Purchaser:	Connell,Ron Lee		
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date

FY23 General Goods

Spot Purchase Open Market SP/E

Requisition #: HHSTX-3-0000237252

Requester: Jeffrey Blue Phone #: 512-250-7147

Email: Jeffrey.Blue@hhs.texas.gov

SHIP TO ATTN: Jennifer Rimes, 512-250-7124, jennifer.rimes@hhs.texas.gov

Purchaser Name: Ron Connell Phone #: 512-406-2666

Email: ron.connell@hhs.texas.gov

Vendor Name: Western/Oval Paper

Contact: Jeff Carter Phone #: C. 512.913.9599 Email: jcarter@ovol.us

1-1

Goods and/or services are to be delivered and invoiced after September 1, 2022.

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.

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.

	645-30	50.00 M	199	9.89000	\$9,994.50	06/23/2023
Nekoosa 17.5x22.5 U20 3 Part Reverse Pre-Collated Carbonless						

Schedule Total	\$9,994.50
Item Total for Line 1	\$9,994.50

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\$9,994.50 Total PO Amount

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** Reef. 06/14/2023