Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms Freight Terms Ship Via HHSTX-3-0000320357 Net 30 Prepaid & Allow BEST WAY **Purchase Order** If advertised by informal bid, Invitation for Offer, or Request for Proposal; all Page Date Revision specifications, terms, and conditions set forth in the advertisement and vendor's 06/23/23 2 - 2/20/2024 1 conforming responses become a part of this numbered purchase order. Contractor Ship To: 5059 - Kerrville:721 Thompson Dr guarantees goods or services delivered meet or exceed numbered purchase order HEALTH & HUMAN SERVICES COMMISSION requirements. 721 Thompson Dr All shipments, shipping papers, invoices, and correspondence must be identified Kerrville TX 78028 with our Purchase Order Number. United States Vendor: 13903800103 Bill To: Invoice-HHSC Accounting JOHNSON CONTROLS INC HEALTH & HUMAN SERVICES COMMISSION PO BOX 730068 4601 W Guadalupe St DALLAS TX 75373 Austin TX 78751 United States United States Fax: 512/424-6901 HHSC_AP@hhsc.state.tx.us Email: Exempt Reason: GPO **Purchaser:** Farris, Lilly K 512/406-2452 Line-Sch UOM **PO Price Inventory Item ID - Line Description** Class/Item Quantity Extended Amt Due Date

FY23

AP Email Address: hhsc_ap@hhsc.state.tx.us

INVOICING INFORMATION:

Vendor shall electronically submit the Maintenance and Construction invoice packet to:

HHSC Maintenance and Construction assigned Project Manager (ODR): Roger Brigance, Roger.brigance@hhs.texas.gov

With copy to:

1. HHSC Accounts Payable at HHSC_AP@hhsc.state.tx.us

2. HHSC Maintenance and Construction Invoice team at MC_Invoices@hhsc.state.tx.us

3. If HUB Progress Reports are required, HHSC HUB Office at HUB_PAR@hhsc.state.tx.us

The contractor shall submit invoice packets using the subject line: Invoice - Invoice Amount, Purchase Order #HHSTX-3-0000320357, MC Project 23-010-KSH, Invoice #, Month of service

Requisition #: HHSTX-3-0000236812

DELIVERY: INSTALLATION for Kerrville State Hospital at 721 Thompson Dr Kerrville TX

QUOTE#: 23-010-KSH

AGENCY DELIVERY CONTACT: Name: Warren Setnan Facility: Kerrville State Hospital Phone: 830-258-5284 Email: warren.setnan@hhs.texas.gov

PROJECT MANAGER: Contact: Roger Brigance Address: 909 W. 45 St. Bldg. 633 Austin TX 78751 Phone: 512-206-4728 Cell: 512-413-2820 Email: roger.brigance@hhs.texas.gov

HHSC PURCHASER/BUYER: Name: Lilly Farris CTCD Phone: 512-406-2452 Email: lilly.farris@hhs.texas.gov

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Net 30	Prepaid & Allow rmal bid, Invitation for Offer, or Req	BEST WAY	Purchase Order	Revision	HHSTX-3-0	
specifications, terms	, and conditions set forth in the adver	tisement and vendor's	Date 06/23/23	2 - 2/20/2024		Page 2
	es become a part of this numbered pur services delivered meet or exceed nu		Ship To:	HEALTH & HU	721 Thompson Dr MAN SERVICES C	OMMISSION
	ping papers, invoices, and correspo Order Number.	ndence must be identified		721 Thompson D Kerrville TX 780 United States		
JO PO DA	00380010 3 HNSON CONTROLS INC BOX 730068 LLAS TX 75373 ited States		Bill To:	Invoice-HHSC A HEALTH & HUI 4601 W Guadalu Austin TX 78751 United States	MAN SERVICES Co pe St	OMMISSION
			Fax: Email:	512/424-6901 HHSC_AP@hhse	c.state.tx.us	
Exempt Reason: G	РО		Purchaser:	Farris,Lilly K	5	12/406-2452
Line-Sch Inven	tory Item ID - Line Description	Class/Item Quantity	UOM	PO Price	Extended Amt	Due Date
OMNIA GPO and PURCHASING ME Purchase made ur FREIGHT: F.O.B I PURCHASE MAD This purchase is b clients in order to o Quote #23-010-KS	Riley 887 /@jci.com HHS Contract # HHS0008402000 Johnson Controls Inc Contract # F	R-200402 Inment Code 2155.1441 for lowed FEXAS GOVERNMENT Co §2155.144 (b-1), Goods ar y's programs. hnson Controls	ODE 2155.144(b); (b-) nd/or services purchas	FOR CLIENT SE	ERVICES.	
	0-KSH R-22 HVAC Phase 2 for ille State Hospital	914-50 1.00	LOT 176	5512.44000	\$176,512.44	08/01/2024
			Sche	dule Total	\$176,512.44	
Total Contracted am Contingency funds of	ount is \$176,512.44 of \$16,046.59 for unforeseen conditio	ns/expense, these funds must	be authorized by HHSC Item Total		\$176,512.44	-
			Total P	O Amount	\$176,512.44	

Health and Human Services Commission

Purchase Order

Payment Ten Net 30	rms Freight Terms Prepaid & Allow	Ship V i BEST V		Purchase Order		HHSTX-3-0000320357
specifications	cifications, terms, and conditions set forth in the advertisement and vendor's			Date 06/23/23	Revision 2 - 2/20/2024	Page 3
guarantees go requirements All shipment	oods or services delivered meet or exceed nu	umbered purchase	e order	Ship To:		
Vendor:	1390380010 3 JOHNSON CONTROLS INC PO BOX 730068 DALLAS TX 75373 United States			Bill To:	Invoice-HHSC Ad HEALTH & HUM 4601 W Guadalup Austin TX 78751 United States	IAN SERVICES COMMISSION
				Fax: Email:	512/424-6901 HHSC_AP@hhsc	.state.tx.us
Exempt Rea	son: GPO			Purchaser:	Farris,Lilly K	512/406-2452
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	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.

Authorized By	
Lilly Lania, CTCD	02/20/2024

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