Health and Human Services Commission

Purchase Order

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Downer and The		CI •				Dispa	tch via Prin
Payment Terr Net 30	ms Freight Terms N/A, Service, Pick up, etc.	Ship Vi NONE	a	Purchase Order		HHSTX-4-00	000321940
specifications,	y informal bid, Invitation for Offer, or Reterms, and conditions set forth in the adv	vertisement and ven	dor's	Date 09/01/23	Revision 1 - 7/14/2023		Page
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			Ship To:	2812 - San Antonio:3300 Nacogdoche HEALTH & HUMAN SERVICES COMMISSION 3300 Nacogdoches Rd PO Box 23990 Ste 140 San Antonio TX 78217 United States			
with our Purchase Order Number.							
Vendor:	1203158956 2 343 WEST SUNSET LLC 9993 W IH 10 STE 102 SAN ANTONIO TX 782302222 United States			Bill To:	Invoice-HHSC Region 8, Inspect HEALTH & HUMAN SERVICES COMMISSION 11307 Roszell PO Box 23990 San Antonio TX 78217 United States		
				Fax: Email:	210/619-8272 Reg08_Admin_Services@hhsc.state.tx.us		
				Purchaser:	Smith,Andre		
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
HHSC/PCS (Andre Smith 512-406-256 andre.smith @ CONTRACT BRIAN WILL 210-619-822 BRIAN.WILL PM/PCC: EX Requisition:0	89 ER 2167. LEASE OF SPACE FOR S CONTACT: 7 Phhs.texas.gov MANAGER IAMS 1 IAMS@HHS.TEXAS.GOV /0						
	R08 FY24 LEASE# 10389 SA NACOGDOCHES HHSC	971-45	1.00	LOT 250	0051.00000	\$250,051.00	08/31/2024
				Sche	dule Total	\$250,051.00	
				Item Total	for Line 1	\$250,051.00	

Health and Human Services Commission

Purchase Order

Payment Ter Net 30	rms Freight Terms N/A, Service, Pick up, etc.	Ship Via NONE	Purchase Order	HHSTX-4-00	000321940
Note: Note: 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. All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Ship To:	RevisionPa1 - 7/14/20232812 - San Antonio:3300 NacogdocheHEALTH & HUMAN SERVICES COMMISSION3300 Nacogdoches RdPO Box 23990Ste 140San Antonio TX 78217United States	
Vendor:	1203158956 2 343 WEST SUNSET LLC 9993 W IH 10 STE 102 SAN ANTONIO TX 782302222 United States		Bill To:	Invoice-HHSC Region 8, Inspect HEALTH & HUMAN SERVICES CC 11307 Roszell PO Box 23990 San Antonio TX 78217 United States	OMMISSION
			Fax: Email:	210/619-8272 Reg08_Admin_Services@hhsc.state.tx.us	
Line-Sch	Inventory Item ID - Line Description	Class/Item Ou	Purchaser:	Smith,Andre 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	
Julia Chopa Ctob, ctom	<u>07/17/2023</u>

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