Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via				
Net 30	Prepaid & Allow	BEST WAY	Purchase Order		HSTX-4-0	000322228
specifications, term	ormal bid, Invitation for Offer, or Reque is, and conditions set forth in the advertis	sement and vendor's	Date 09/01/23	Revision		Page 1
guarantees goods or requirements.	ses become a part of this numbered purch r services delivered meet or exceed num pping papers, invoices, and correspon- e Order Number.	Ship To:	6433 - Carlsbad:11640 US Hwy 87 N HEALTH & HUMAN SERVICES COMMISSION 11640 US Hwy 87 N 11640 N US Hwy 87 Carlsbad TX 76934 United States			
JC PC CI	890380010 3 DHNSON CONTROLS INC D BOX 93107 HICAGO IL 606733107 nited States		Bill To:	United States Invoice - DADS HEALTH & HUMA 2501 Maple St PO Box 451 Abilene TX 79602 United States	AN SERVICES CO	DMMISSION
			Fax: Email:	325/795-3807 710Accounting@hh	sc.state.tx.us	
			Purchaser:	Hutchison,Nicole ł	ζ 5	12/406-2553
Line-Sch Inve	ntory Item ID - Line Description	Class/Item Quantity	UOM	PO Price	Extended Amt	Due Date
325-465-2300 perry.havard@hh CONTRACT MAN Ida Montez 325-465-2203 ida.montez@hhs. HHSC BUYER: Nicole Hutchison, 512-921-8218 nicole.hutchison@ VENDOR: Thomas Brdar 806-795-8800 Thomas.paul.brda	NAGER: texas.gov . CTCD, CTCM ⊉hhs.texas.gov					
SOURCEWELL G	GPO and HHS Contract # HHS00078 GPO HHS Membership ID 167184	9700001				
	inder the Authority of Texas Governm	nent Code 2155.1441 fo	r Health Care Purchasi	ing including group p	purchasing progr	ams.
REQUIREMENTS	S/LIMITATIONS: gent upon the continued availability c	of lawful appropriations b	by the Texas Legislatur	e. FY2024 funding.		
Invoice per 34 TA Requisition 22802	C §20.487, amended effective May ⁻ 26	1, 2022				
1-1 FY24	4 Services: Maintenance - for	910-36 1.00	LOT 15	5000.00000	\$15,000.00	09/01/2023

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Payment Ter Net 30	ms Freight Terms Prepaid & Allow	Ship V BEST		Purchase Order	HHSTX-4-0000322228			
specifications.	y informal bid, Invitation for Offer, or Rec terms, and conditions set forth in the adve	Date 09/01/23	Revision		Page 2			
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:	6433 - Carlsbad:11640 US Hwy 87 N HEALTH & HUMAN SERVICES COMMISSION 11640 US Hwy 87 N 11640 N US Hwy 87 Carlsbad TX 76934 United States			
Vendor:	1390380010 3 JOHNSON CONTROLS INC PO BOX 93107 CHICAGO IL 606733107 United States			Bill To:	Invoice - DADS HEALTH & HUMAN SERVICES COMMISSION 2501 Maple St PO Box 451 Abilene TX 79602 United States			
				Fax: Email:	325/795-3807 710Accounting@hhsc.state.tx.us Hutchison,Nicole K 512/406-2			
				Purchaser:			2/406-2553	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date	
	programmed air conditioner at building 512 DA1-SGSSLC							
				Sche	dule Total	\$15,000.00		
				Item Total	for Line 1	\$15,000.00		
		Total P	O Amount	\$15,000.00				

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

Milth, CTCD, CTCM

<u>07/17/2023</u>