

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-4-0000322255
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: 2203 - Big Spring;1901 N Highway 8 HEALTH & HUMAN SERVICES COMMISSION 1901 N Highway 87 Big Spring TX 79720 United States

Vendor: 1362229255 8
JOINT COMMISSION ON ACCREDITATION OF HEA
1 RENAISSANCE BLVD
OAKBROOK TERRACE IL 601814294
United States

Bill To: Invoice - DADS
HEALTH & HUMAN SERVICES COMMISSION
2501 Maple St
PO Box 451
Abilene TX 79602
United States

Fax: 325/795-3807
Email: 710Accounting@hhsc.state.tx.us

Purchaser: Rodriguez,Sheree Michele

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY23 funding
SP/E
Requisition 226661 - Pricing per Vendor Quote
PO Service Dates 09/01/2023 to 08/31/2023

Attached Terms and Conditions apply to this Purchase Order.

This purchase order is contingent upon the continued availability of lawful appropriations by the Texas Legislature and may be canceled at any time in whole or part without penalty. HHS or the agency does not commit to ordering specific quantities of goods/services or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those goods and/or services ordered and received by the agency. Any funds not utilized by 08/31/2023 are automatically canceled.

Vendor contact
Patricia Hall
phall@jointcommission.org

Agency contact
Amy Raschke
432-268-7386
amy.raschke@hhs.texas.gov
Facility: Big Spring State Hospital

PCS contact
Sheree Rodriguez
512-406-2650
sheree.rodriguez@hhs.texas.gov

1-1	FY24 Annual Hospital Accreditation Program Fee	963-16	1.00	LOT	4665.00000	\$4,665.00	08/31/2024
Schedule Total						\$4,665.00	
Item Total for Line 1						\$4,665.00	
2-1	FY24 Annual ORYX Program Fee	963-16	1.00	LOT	400.00000	\$400.00	08/31/2024
Schedule Total						\$400.00	

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Item Total for Line 2							\$400.00
Total PO Amount							\$5,065.00

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.

<p>Authorized By <i>Sheree Rodriguez, CTCD</i></p>	<p>07/17/2023</p>
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