## **Health and Human Services Commission**

### **Purchase Order**

Payment Te Net 30	erms Freight Terms Prepaid & Allow	<b>Ship V</b> BEST		Purchase Order	н	IHSTX-4-00	000322706
specification	by informal bid, Invitation for Offer, or Res, terms, and conditions set forth in the adv	Date 09/01/23					
guarantees g requirements All shipmer	responses become a part of this numbered goods or services delivered meet or exceed s. ats, shipping papers, invoices, and corres archase Order Number.	Ship To:					
Vendor:	1621211267 2 TK ELEVATOR CORPORATION PO BOX 3796 CAROL STEAM IL 60132 <b>United States</b>			Bill To: Invoice - DADS HEALTH & HUMAN SERVICES COM 2501 Maple St PO Box 451 Abilene TX 79602 United States		MMISSION	
			Fax: Email:	325/795-3807 710Accounting@hhsc.state.tx.us			
				Purchaser:	Hutchison,Nicole K	• • • •	2/406-2553
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date

### Service Dates: 09/01/2023-08/31/2024

Pricing per Omnia Partners Billable Rates and NTE Unit Pricing 2020-2023

AGENCY CONTACT: Joshua Rainey 432-268-7443 joshua.rainey@hhs.texas.gov

CONTRACT MANAGER: Chris Brockmeyer 325-795-3413 chris.brockmeyer@hhs.texas.gov

HHSC BUYER: Nicole Hutchison, CTCD, CTCM 512-921-8218 nicole.hutchison@hhs.texas.gov

VENDOR: Dallas Taylor 214-843-4282 dallas.taylor2@tkelevator.com

OMNIA GPO and HHS Contract # HHS000840200001

#### PURCHASING METHOD: EX/0

Purchase made under the Authority of Texas Government Code 2155.1441 for Health Care Purchasing including group purchasing programs.

#### REQUIREMENTS/LIMITATIONS:

This PO is contingent upon the continued availability of lawful appropriations by the Texas Legislature. FY2024 funding.

Invoice per 34 TAC §20.487, amended effective May 1, 2022

Requisition 229148

15000.00000

Dispatch via Print

# **Health and Human Services Commission**

## **Purchase Order**

						Dispa	tch via Print
Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship V BEST		Purchase Order	н	000322706	
specifications, term	ormal bid, Invitation for Offer, or Rec s, and conditions set forth in the adve	<b>Date</b> 09/01/23	Revision	<b>Page</b> 2			
guarantees goods or requirements.	ses become a part of this numbered pur r services delivered meet or exceed nu	Ship To:	2203 - Big Spring:1901 N Highway 8 HEALTH & HUMAN SERVICES COMMISSION 1901 N Highway 87 Big Spring TX 79720 United States				
All shipments, shij with our Purchase	pping papers, invoices, and corresp Order Number.						
TH PC CA	1621211267 2 TK ELEVATOR CORPORATION PO BOX 3796 CAROL STEAM IL 60132 <b>United States</b>			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		
				Purchaser:	Hutchison,Nicole K	<b>K</b> 51	12/406-2553
Line-Sch Inve	ntory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
for th	e Big Spring State Hospital						
				Sche	dule Total	\$15,000.00	
				Item Total f	or Line 1	\$15,000.00	
				Total PO	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>07/21/2023</u>