

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-4-0000324508
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 2203 - Big Spring:1901 N Highway 8 HEALTH & HUMAN SERVICES COMMISSION 1901 N Highway 87 Big Spring TX 79720 United States
			Page 1

Vendor: 1752331117 7
PRESCRIPTION SERVICES INC
1002 S MAIN ST
BIG SPRING TX 797202949
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: Connell, Ron Lee

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY24 General Goods
Blanket Purchase Order
SP/E
Requisition #: HHSTX-4-0000230413

Requester Name: Donna Lee
Facility: BIG SPRING STATE HOSPITAL
Phone #: +1 (432) 268-7975
Email: Donna.Lee@hhs.texas.gov

Lead Contact: Sheila Salazar, 432-268-7618, Sheila.salazar@hhs.texas.gov

Purchaser Name: Ron Connell
Phone #: 512-406-2666
Email: ron.connell@hhs.texas.gov

Vendor Name: Prescription Services, Inc.
Contact: Kandy Alaman
Phone #: 432-267-2711
Email: kandyalaman@yahoo.com

Goods and/or services are to be delivered and invoiced after September 1, 2023.
This purchase order is contingent upon the continued availability of lawful appropriations by the Texas Legislature CPA Procurement Manual, and may be cancelled at any time in whole or part without penalty.

Blanket Transactional Purchase Order FY24 (9/1/23 through 8/31/2024) for BIG SPRING STATE HOSPITAL. Total contract value is \$10,000.00 with no renewals. Total amount cannot exceed \$10,000.00 without authorization from the agency and PCS Purchaser.
Contractor will deliver products within three (3) days after release/call out has been received from the facility requestor.
HHSC does not commit to ordering specific dollar amounts with respect to this contract. Quantities may be increased or decreased upon need during the term of the contract. Forecasted quantities are estimates only and do not constitute a guarantee of purchase. The agency shall be obligated to pay for only those goods actually ordered and received by the agency. Any funds not utilized by 08-31-24 are automatically cancelled.

**** VENDORS SEND INVOICES VIA EMAIL TO ****
710Accounting@hhsc.state.tx.us

Invoicing and Payment: The invoice shall contain all the following in order to be considered for payment: PO number referenced, a unique invoice number, invoice date, and the total invoice amount. Each invoice shall also have an attached copy of the bill in order to be paid. Mail all original invoices to the BILL TO ADDRESS ON PO. Payment terms are net thirty days (30) unless a discount has been offered. Facility is not responsible for failure by the vendor to properly invoice which may delay payment processing.

Health and Human Services Commission

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Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-4-0000324508
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 2
			Ship To: 2203 - Big Spring:1901 N Highway 8 HEALTH & HUMAN SERVICES COMMISSION 1901 N Highway 87 Big Spring TX 79720 United States

Vendor: 1752331117
PRESCRIPTION SERVICES INC
1002 S MAIN ST
BIG SPRING TX 797202949
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: Connell, Ron Lee

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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** ALL INVOICES/CORRESPONDENCE MUST REFERENCE THE NEW PURCHASE ORDER NUMBER FOR FY24. **

Deliver to SHIP TO ADDRESS ON PO Please include PO NUMBERS ON PACKING SLIPS, CARTONS, PACKAGES, BUNDLES, ETC.
Freight Terms are FOB Destination Prepaid and Allowed/Add.
Delivery hours are from 8:00-11:30 AM and 1:00-4:30 PM Monday thru Friday except designated State Holidays when the Warehouse is closed.

1-1	FY24 Blanket PO: After-hours/emergency drugs for patients at the Big Spring State Hospital	269-72	1.00	LOT	10000.00000	\$10,000.00	09/01/2023
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Schedule Total	\$10,000.00
Item Total for Line 1	\$10,000.00
Total PO Amount	\$10,000.00

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



08/04/2023

