

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-4-0000325245
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 7241 - New Boston:501 Hospital Dr HEALTH & HUMAN SERVICES COMMISSION 501 Hospital Dr New Boston TX 75570 United States
			Page 1

Vendor: 1942388882 5
QUADIENT INC
478 WHEELERS FARMS RD
USA
MILFORD CT 06461-9105
United States

Bill To: Invoice-HHSC; Region 04 Headqu
HEALTH & HUMAN SERVICES COMMISSION
302 E Rieck Rd
Tyler TX 75703
United States

Fax: 903 534 8487
Email: paula.thurman@hhsc.state.tx.us

Purchaser: Rakos,Michelle Antoinet 512/406-2496

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY24 funding

CP/A Term Contract 985-C1

Requisition 232288

Encumbrance for leasing existing equipment, per SmartBuy PO 22094013

Confirmation order Do not duplicate

PO Service Dates 09/01/2023 to 08/31/2024 (contingent upon Contract 985-C1 renewal)

Goods and/or services are to be delivered and invoiced after September 1, 2023.

State agency mail operations are governed by state statute and administrative rules. TGC Ann., Ch. 2176, Vernon 2000 Supp. (2006); 1 TAC Sec. 117.31 (2006); See also TGC Ann. Sec. 2113.103; General Appropriations Act, S.B. 1, 79th Leg., Art. IX, Sec. 6.15 (2005).

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 08/31/2024 are automatically canceled.

Vendor contact
Quadient Inc
John Marin
800-934-2257
j.marin@quadient.com

Agency contact
Brian Irwin
903-509-5193
Brian.Irwin@hhs.texas.gov

PCS contact
Michelle Rakos
512-406-2496
Michelle.Rakos@hhs.texas.gov

Contract Manager: Brian Irwin / 903-509-5193 / Brian.Irwin@hhs.texas.gov

BILL TO LOCATION CODE: 3135
Health and Human Services Commission

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302 E. RIECK ROAD, TYLER, TX 75703

SEND INVOICES TO: reg04_admin_services@hhs.texas.gov

SUPER USER: Esperanza.McMeans@hhs.texas.gov / 903-509-5131

SCOR DIVISION # 13 HHSC - System Support Services

Please follow the Texas Comptroller's Invoicing standards as seen below.

Include PO Number on invoices, bills, receipts, bill lading, packing slips, and back order.

(a) To receive payment, a contractor must submit an invoice to the State Agency receiving the goods or services.

The invoice should include, but is not limited to including:

- (1) the contractor's mailing and e-mail (if applicable) address;
- (2) the contractor's telephone number;
- (3) the name and telephone number of a person designated by the contractor to answer questions regarding the invoice;
- (4) the state agency's name, agency number, delivery address;
- (5) the state agency's purchase order number, if applicable;
- (6) the contract number or other reference number, if applicable;
- (7) a valid Texas identification number (TIN) issued by the Comptroller;
- (8) a description of the goods or services, in sufficient detail to identify the order which relates to the invoice;
- (9) unit numbers corresponding to the amount of the invoice;
- (10) if submitting an invoice after receiving an assignment of a contract, the TIN of the original contractor and the TIN of the successor vendor;
- (11) other relevant information supporting and explaining the payment requested.

1-1	R04 - FY24 Renewal of Postage Machine Lease #N22011867 - IX5AFWP10 - New Boston - 501 Hospital Drive - \$221.17/ per month	985-54	1.00	LOT	2654.04000	\$2,654.04	09/01/2023
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Schedule Total \$2,654.04

Item Total for Line 1 \$2,654.04

Total PO Amount \$2,654.04

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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

Michelle Rakos CTCD

08/10/2023