

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms N/A, Service, Pick up, etc.	Ship Via NONE	Purchase Order HHSTX-4-0000325605
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: 6563 - Abilene:2501 Maple St HEALTH & HUMAN SERVICES COMMISSION 2501 Maple St 2501 Maple St Abilene TX 79602 United States

Vendor: 1752156074 2
CHARLES M TAYLOR III
5200 BUFFALO GAP RD STE C
ABILENE TX 796064156
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: Atchley,Cindy Jean 432/263-9617

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY24 Funding
EX/0 Legal Cite 2155.144; Client Purchase
PO must not exceed \$10,000.00
Requisition 0000233109; Pricing per quote/FY24 Fee Schedule
Rate: See Fee Schedule

PO Service Dates: 09/01/2023-08/31/2024 with no renewals

Client Dental Services as needed:
Orthodontic Servcies

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 and/or 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:
Rose Angel Garza
325-695-0170
office@cmtortho.com

For: Agency/Facility: HHSC/Abilene State Supported Living Center (ABSSLC)

Facility Contract Manager:
Heather Barlow, CTCM
Phone: 325-795-3444
Email: heather.barlow@hhs.texas.gov

Facility Lead/SME Contact:
Elaine Address
325-795-3958
elaine.address@hhs.texas.gov

PCS Contact:
Cindy Atchley, CTCD
Phone: 432-263-9617
Email: cindy.atchley@hhs.texas.gov

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1-1	F24 Client Dental Services as needed; Orthodontic Services; For individuals at CG-9 ABSSLC; Req 233109	948-28	1.00	LOT	10000.00000	\$10,000.00	09/01/2023
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Schedule Total \$10,000.00

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

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 <i>Cindy Atchley, CTED</i>	08/12/2023
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