Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	ннѕт	X-4-0000325640
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. All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Date 09/01/23	Revision	Page 1
			Ship To: 1111 - El Paso:401 Franklin Ave HEALTH & HUMAN SERVICES COMM 401 Franklin Ave Ste 450 El Paso TX 79901 United States		
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Vendor: 1742867189 9

MOUNTAIN DESERT WATER LLC

DBA WATER KING 1003 OMAR ST

ANTHONY TX 798219328

United States

Bill To: Invoice-HHSC Region 10, DADS:

HEALTH & HUMAN SERVICES COMMISSION

401 Franklin Ave

Ste 450

El Paso TX 79901 United States

Fax: 915/834-7587

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

FY24 funding SP/E Requisition 227745 - Pricing per Vendor Quote PO Service Dates 09/01/2023 to 08/31/2024 Goods and/or services are to be delivered and invoiced after September 1, 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 08/31/2024 are automatically canceled.

Vendor contact Angel Rodriguez 915-886-4979 angel@waterkingwater.com

Agency contact Sheila Tillman 915-834-7611 sheila.tillman@hhs.texas.gov Region 10

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

Total PO Amount \$7,560.00

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Vendor:	Vendor: 1742867189 9 MOUNTAIN DESERT WATER LLC DBA WATER KING 1003 OMAR ST ANTHONY TX 798219328 United States		Bill To:	Invoice-HHSC Region 10, DADS: HEALTH & HUMAN SERVICES CC 401 Franklin Ave Ste 450 El Paso TX 79901 United States	OMMISSION
			Fax:	915/834-7587	

				Purchaser: Rodriguez, Sheree Michele			
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date

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 Sheree Rodriguny, CTCD

08/12/2023