## **Health and Human Services Commission**

## **Purchase Order**

**Dispatch via Print** 

Payment Terms	Freight Terms	Ship Via	Donal or or Ondon	трии	X-4-0000325756	
Net 30 Prepaid & Allow BEST WAY  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			Purchase Order Date 09/01/23	Revision Page		
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.		Ship To:	4547 - Wichita Falls:6515 Kemp Blv HEALTH & HUMAN SERVICES COMMISSION 6515 Kemp Blvd PO Box 300 Wichita Falls TX 76308 United States			
Vendor: 17	56000714 2		Bill To:	Maintenance		

CITY OF WICHITA FALLS

PO BOX 1431

WICHITA FALLS TX 763071431

**United States** 

HEALTH & HUMAN SERVICES COMMISSION

6515 Kemp Blvd PO Box 300

Wichita Falls TX 76308

United States

Email: Allyson.Cruz@hhs.texas.gov

				Purchaser:	Hogan, David		
Line-Sch	<b>Inventory Item ID - Line Description</b>	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date

FY24 funding EX/0 TGC §771 Interagency Cooperation Agreement Requisition 226270 PO Service Dates 09-01-2023 through 08-31-2024

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 Name: City of Wichita Falls Vendor Contact: Mikaila Billinger (940) 761-7836 mikaila.billinger@wichitafalls.tx.gov TIN#:17560007142

Contract Manager: Drew Hardy 940-414-0975 drew.hardy2@hhs.texas.gov

Lead Contact Allyson Cruz (940) 689-5351 allyson.cruz@hhs.texas.gov

PCS contact David Hogan, CTCD David.Hogan@hhs.texas.gov 512-776-2004

\$500.00 09/01/2023 1-1 926-93 1.00 LOT 500.00000

FY24-TPO-City of Wichita Falls-F3E010-F2200-NTSH-WF

> Schedule Total \$500.00

## **Health and Human Services Commission**

## **Purchase Order**

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Vendor:	1756000714 2 CITY OF WICHITA FALLS PO BOX 1431 WICHITA FALLS TX 763071431 United States		Bill To:	Maintenance HEALTH & HUMAN SERVICES COMMISSION 6515 Kemp Blvd PO Box 300 Wichita Falls TX 76308 United States		
			Email:	Allyson.Cruz@hhs.texas.gov		
			Purchaser:	Hogan,David		
Line-Sch	<b>Inventory Item ID - Line Description</b>	Class/Item Quantity	UOM	PO Price	Extended Amt	Due Date
			Item Total	for Line 1	\$500.00	

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** DA Por our 08/14/2023

\$500.00

Total PO Amount