Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via				
Net 30	Prepaid & Allow	BEST WAY	Purchase Order		HHSTX-4-0000325773	
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			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.			Ship To:	6689 - Brenham:4001 S Hwy 36 HEALTH & HUMAN SERVICES COMMISSION 4001 S Hwy 36 Brenham TX 77833 United States		
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.						
Vendor: 17	42212652 8		Bill To:	Invoice - DADS		

BRAZOS VALLEY ORAL & MAXILLOFACIAL SURGE

1505 EMERALD PLZ

COLLEGE STATION TX 778451501

United States

HEALTH & HUMAN SERVICES COMMISSION

4001 Highway 36 South Brenham TX 77833 United States

Fax: 979/277-1865

712Accounting@hhs.texas.gov **Email:**

Keil, Jeramy Purchaser:

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

FY24 funding EX/0 - Legal Cite 2155.144 Client Purchase PO must not exceed \$10,000.00 Requisition 226674 Pricing per BVOMS Rate Schedule

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

PO Service Dates 09-01-2023 to 08-31-2024

Services to be performed: Dental equipment repair and parts, as needed

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.

VENDORS PLEASE SEND INVOICES VIA EMAIL TO 712accounting@hhs.texas.gov

Vendor contact Audra Lansdown 979-776-7101 alansdown@bvoms.com

Agency contact Dr. Terry Lee 979-277-1623 terry.lee@hhs.texas.gov

Contract Manager Name Leslie Wright, CTCM 979-277-1314 leslie.wright@hhs.texas.gov

PCS contact Jeramy Keil 512-776-2992 Jeramy.Keil@hhs.texas.gov

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			Ship To:	: 6689 - Brenham:4001 S Hwy 36 HEALTH & HUMAN SERVICES COMMISSION 4001 S Hwy 36 Brenham TX 77833 United States	
Vendor:	1742212652 8 BRAZOS VALLEY ORAL & MAXILLOFACIAL SURGE 1505 EMERALD PLZ COLLEGE STATION TX 778451501 United States		Bill To:	Invoice - DADS HEALTH & HUMAN SERVICES COMMISSIO 4001 Highway 36 South Brenham TX 77833 United States	

Fax: 979/277-1865

Email: 712Accounting@hhs.texas.gov

				Purch	aser: Keil,Jeram	ny	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
1-1	FY24 Services: Client Dental Services as needed; DDS/Oral Procedures	948-28	1.00	LOT	4999.00000	\$4,999.00	09/01/2023
					Schedule Total	\$4,999.00	
					Item Total for Line 1	\$4,999.00	
					Total PO Amount	\$4,999.00	

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 Jeramy Keil, CTCD 08/14/2023