Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Te	ě	Ship Via		1	III.CTV 4 00000000404	
Net 30	Prepaid & Allow	BEST WAY	Purchase Order		HHSTX-4-0000326134	
	by informal bid, Invitation for Offer, or R	1 1	Date	Revision	Page	
	s, terms, and conditions set forth in the ad		09/01/23		1	
guarantees g requirements	responses become a part of this numbered oods or services delivered meet or exceed s. ats, shipping papers, invoices, and corre	numbered purchase order	Ship To:	4514 - Waco:3501 N 19th St DEPARTMENT OF STATE HEALTH SERVICES 3501 N 19th St		
_	rchase Order Number.			Waco TX 76708 United States		
Vendor:	1742130259 1		Bill To:	Invoice - DADS		
	SMOOT-ANDERSON COMPANY	INC			IAN SERVICES COMMISSION	
	PO BOX 8234			424 Mesquite Dr		
	WACO TX 767148234			PO Box 1132		
	United States			Mexia TX 76667 United States		
			Fax:	254/562-1894		
			Email:	718Accounting@h	hs.texas.gov	

Quantity

Purchaser:

UOM

Garcia, Suzanna L

Extended Amt

Due Date

PO Price

BLANKET PURCHASE ORDER

Line-Sch

TERM: September 1, 2023, through August 31, 2024

Inventory Item ID - Line Description

SHIPPING INSTRUCTIONS: DO NOT SHIP until notified by Agency Contact.

FREIGHT: F.O.B. Destination Freight Prepaid Allowed

DELIVERY: Days After Receipt of PO

Delivery hours are from 8:00-11:30 AM and 1:00-4:30 PM Monday Friday except designated State Holidays

Class/Item

AGENCY CONTACT: Lead Contact: Zuri Lopez

Lead Contact Email: zurisaddai.lopez@hhs.texas.gov

Lead Contact Phone: 254.745.5301

Contract Manager: Valerie Cashner

Contract Manager Email: valerie.cashner2@hhs.texas.gov

Contract Manager Phone: 254.562.1389

AP: VENDORS SEND INVOICES VIA EMAIL TO: 718Accounting@hhs.texas.gov

HHSC BUYER: Suzanna Garcia Ph: 512-776-2694

Email: suzanna.garcia@hhs.texas.gov

VENDOR:

Vendor Contact: Chris Anderson Vendor Phone: 254.753.0803

Vendor Email: chris.smoot@hot.rr.com or smootandersonco@gmail.com

PURCHASING METHOD: SP/E

Purchase not to exceed \$10,000.00. Rule 34 Texas Administrative Code § 20.41 - Delegated Purchases

REQUIREMENTS/LIMITATIONS:

Quantities may be increased or decreased upon need during the term of the PO.

The quantities shown are estimates only and do not constitute a guarantee of purchase. Any quantities not ordered and received by August 31, 2024, will be considered cancelled.

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

Health and Human Services Commission

Purchase Order

		Purcha	se Ord	aei			
Payment Terms	Freight Terms	Ship Via					tch via Print
Net 30	Prepaid & Allow	BEST WAY	Pu	rchase Order		HHSTX-4-0	
	by informal bid, Invitation for Offer, or Request for Proposal; all his, terms, and conditions set forth in the advertisement and vendor's			t e 01/23	Revision		Page 2
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.				р То:	4514 - Waco:3501 N 19th St DEPARTMENT OF STATE HEALTH SERVICES 3501 N 19th St Waco TX 76708 United States		
SI PO W	742130259 1 MOOT-ANDERSON COMPANY IN D BOX 8234 ACO TX 767148234 nited States	NC	Bill	To:	Invoice - DADS HEALTH & HUMAN SERVICES COMMISSION 424 Mesquite Dr PO Box 1132 Mexia TX 76667 United States		
				Fax: Email:	254/562-1894 718Accounting	@hhs.texas.gov	
			Pui	chaser:	Garcia,Suzanr	na L	
Line-Sch Inve	ntory Item ID - Line Description	Class/Item Quant	ity UOM		PO Price	Extended Amt	Due Date
1-1 FY2-	STX-4-0000226875 4-(Goods) Plumbing fixtures, parts supplies for WCY	670-55 1.	00 LOT		500.00000 dule Total	\$7,500.00 \$7,500.00	09/01/2023
comi	4-(Goods) Plumbing supplies - nodes, copper tubing, shower in rods for WCY	670-55 1.	00 LOT	2	For Line 1 500.00000 dule Total	\$2,500.00	09/01/2023
				Item Total	for Line 2	\$2,500.00	
				Total P	O Amount	\$10,000.00	

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment To Net 30	erms Freight Terms Prepaid & Allow	Ship V BEST		Purchase Order		HHSTX-4-0000326134
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 3	
			Ship To:	4514 - Waco:3501 DEPARTMENT C 3501 N 19th St Waco TX 76708 United States	l N 19th St DF STATE HEALTH SERVICES	
Vendor:	1742130259 1 SMOOT-ANDERSON COMPANY IN PO BOX 8234 WACO TX 767148234 United States	NC	;	Bill To:	Invoice - DADS HEALTH & HUM 424 Mesquite Dr PO Box 1132 Mexia TX 76667 United States	IAN SERVICES COMMISSION
				Fax: Email:	254/562-1894 718Accounting@h	nhs.texas.gov
				Purchaser:	Garcia,Suzanna	L
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

Sumanna DE, CTCD

08/17/2023