Health and Human Services Commission

Purchase Order

					Dispatch via Print
Payment Terr Net 30	ns Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order	Н	IHSTX-4-0000326174
specifications, conforming res guarantees goo requirements. All shipments	y informal bid, Invitation for Offer, or Re terms, and conditions set forth in the adv sponses become a part of this numbered p ods or services delivered meet or exceed n , shipping papers, invoices, and corresp hase Order Number.	ertisement and vendor's purchase order. Contractor numbered purchase order	Date 09/01/23 Ship To: ed	Revision 1 - 8/17/2023 3137 - Tyler:3303 M HEALTH & HUMA 3303 Mineola Hwy PO Box 5200 Tyler TX 75702 United States	Page 1 Mineola Hwy AN SERVICES COMMISSION
Vendor:	1870405034 5 FIRETROL PROTECTION SYSTEM 16476 S INTERSTATE 35 BRUCEVILLE TX 766303305 United States	S INC	Bill To:	Invoice-HHSC; Reg HEALTH & HUMA 302 E Rieck Rd Tyler TX 75703 United States	ion 04 Headqu AN SERVICES COMMISSION
			Fax: Email:	903 534 8487 paula.thurman@hhso	c.state.tx.us
Line-Sch	Inventory Item ID - Line Description	Class/Item Ouant	Purchaser: ity UOM	Wells,Alicia N PO Price	Extended Amt Due Date

FY24 funding IT/I Requisition 0000232983 PO Service Dates 09-01-2023 to 08-31-2024

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

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.

Purchase order issued in accordance with Texas Government Code §2157.068

Vendor contact Amber Smith 903-526-0000 asmith@firetrol.net

Agency contact Brian Irwin 903-509-5169 brian.irwn@hhs.texas.gov

PCS contact Alicia Wells 512-406-2582 Alicia.Wells@hhs.texas.gov

- Please follow the Texas Comptroller's Invoicing standards as seen below.
- Include PO Number on invoices, bills, receipts, bill lading, packing slips, and back order.

(1) the contractor's mailing and e-mail (if applicable) address;

- (3) the name and telephone number of a person designated by the contractor to answer questions regarding the invoice;
- (4) the state agency's name, agency number, delivery address;
- (5) the state agency's purchase order number, if applicable;
- (6) the contract number or other reference number, if applicable;

⁽a) To receive payment, a contractor must submit an invoice to the State Agency receiving the goods or services. The invoice should include, but is not limited to including:

⁽²⁾ the contractor's telephone number;

Health and Human Services Commission

Purchase Order

If advertised by informal bid, Invitation for Offer, or Request for Proposal; all Date Revision Pag 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 Revision Pag Ship To: 3137 - Tyler:3303 Mineola Hwy HEALTH & HUMAN SERVICES COMMISSION 3303 Mineola Hwy PO Box 5200	Payment Te Net 30	erms Freight Terms Prepaid & Allow	Ship V BEST V		Purch	ase Order	HF	ISTX-4-00	000326174
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Email: paula.thurmina@hbsc.state.tx.us Email: paula.thurmina@hbsc.state.tx.us Purchaser: Wells.Alicia N Une-Sch Inventory Item ID - Line Description Class/Item Quantify UOM PO Price Extended Ant Due Date (7) a valid Texas identification number (TIN) issued by the Comptroller: (8) a description of the goods or services, in sufficient detail to identify the order which relates to the invoice; (9) unit numbers corresponding to the amount of the invoice; (9) unit numbers corresponding to the amount of the invoice; (9) unit numbers corresponding to the amount of the invoice; (9) unit numbers corresponding to the amount of a contract, the TIN of the original contractor and the TIN of the successor vendor; (11) other relevant information supporting and explaining the payment requested. 900-42 1.00 LOT 1000.00000 \$1,000.00 09/01/2023 1-1 R04 - FY24 - Service, Repair, and Parts for repair of the Fire Protection System - Tyter 3137 - 3303 Mineola Highway - LINE 1 Schedule Total \$1,000.00 \$1,000.00 09/01/2023 2-1 936-33 1.00 LOT 1500.00000 \$1,500.00 09/01/2023 R04 - FY24 - Annual and Semi Annual Inspection Services of the Fire Protection System - Tyter 3137 - 3303 Mineola Highway - LINE 2 Schedule Total \$1,500.00 2-1 936-33 1.00 LOT 360.00000 \$360.00 <	Vendor:	FIRETROL PROTECTION SYSTEMS 16476 S INTERSTATE 35 BRUCEVILLE TX 766303305	INC		Bill To	HEALTH 302 E Ried Tyler TX	& HUMAN ck Rd 75703		OMMISSION
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			Fax: Email:	903 534 8487 paula.thurman@hhsc.state.tx.us
1. 01			Purchaser:	Wells,Alicia N
Line-Sch	Inventory Item ID - Line Description	Class/Item Quar	ntity 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	
Alicia Weller, CTCD, CTCM	<u>08/17/2023</u>

Dispatch via Print