

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms Net 30	Freight Terms Prepaid & Allow	Ship Via BEST WAY	Purchase Order HHSTX-4-0000326331
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.			Date 09/01/23
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 1
			Ship To: 4038 - Corpus Christi:902 Airport HEALTH & HUMAN SERVICES COMMISSION 902 Airport Rd Corpus Christi TX 78405 United States

Vendor: 1742589687 9
CAPITAL KLEEN-AIR INC
PO BOX 271174
CORPUS CHRISTI TX 784271174
United States

Bill To: Invoice - DADS
HEALTH & HUMAN SERVICES COMMISSION
4001 S Hwy 36
Brenham TX 77833
United States

Fax: 979/277-1865

Purchaser: Martinez,David

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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FY24 funding
OM/Q
Requisition 223964 - Solicitation 223964
PO Service Dates 09/01/2023 to 08/31/2024

Clean Kitchen Exhaust for FY24
SCOR Division: 19 - State Operated Facilities
Facility: CH3 Corpus Christi State Supported Living Center

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.

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

Vendor Name: Capital Kleen
Vendor ID: 17452589687000
Vendor Contact: Sarah Houck
Vendor Address: P.O. Box 271174, Corpus Christi, Tx 78427
Vendor Phone: 361-854-3064
Vendor Email: admin@capitalkleenairinc.com

Lead Contact (Program SME) Name: Richard Castaneda
Lead Contact Email: richard.castaneda@hhs.texas.gov
Lead Contact Phone: 361-844-7730

Contract Manager Name: CHRISTINE CRUZ
Contract Manager Email: christine.cruz@hhs.texas.gov
Contract Manager Phone: 361-888-5301 ext 7507
Warehouse: Please deliver to bldg. 519

PCS contact
David Martinez
512-406-2597
david.martinez01@hhs.texas.gov
Quote Capital Kleen

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All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Revision Page 2
			Ship To: 4038 - Corpus Christi:902 Airport HEALTH & HUMAN SERVICES COMMISSION 902 Airport Rd Corpus Christi TX 78405 United States

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Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
1-1	FY24 SERVICES CLEAN KITCHEN EXHAUST CH3 CCSSLC	931-30	1.00	LOT	11000.00000	\$11,000.00	09/01/2023
Schedule Total						\$11,000.00	
Item Total for Line 1						\$11,000.00	
Total PO Amount						\$11,000.00	

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 	08/18/2023
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