Health and Human Services Commission

Purchase Order

						Dispatch via Print
Payment Te Net 30	rms Freight Terms Prepaid & Allow	Ship Via BEST WA		Purchase Order		HHSTX-4-0000326352
specification	by informal bid, Invitation for Offer, or Re s, terms, and conditions set forth in the adv	ertisement and vend	lor's	Date 09/01/23	Revision	Page 1
guarantees g requirements All shipmen	responses become a part of this numbered p oods or services delivered meet or exceed n s. ts, shipping papers, invoices, and corresp rchase Order Number.	umbered purchase of	order	Ship To:	1	Christi:902 Airport JMAN SERVICES COMMISSION °X 78405
Vendor:	1200359841 9 B & R TELEPHONE LLC PO BOX 71355 CORPUS CHRISTI TX 784671355 United States			Bill To:	Invoice - DADS HEALTH & HU 4001 Highway 3 Brenham TX 77 United States	JMAN SERVICES COMMISSION 36 South
				Fax: Email:	979/277-1865 712Accounting@	@hhs.texas.gov
				Purchaser:	Mejia,Nicole	
Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt Due Date

FY24 funding IT/D Requisition 230641 PO Service Dates 09/01/2023 to 08/31/2024

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.

DIR blanket exemption minimum threshold.

Vendor contact VID 1200359841 Crystal Saldana 361-992-8300 brtelephone@aol.com

Agency contact Michelle Samora 361-844-7944 michelle.samora@hhs.texas.gov Corpus Christi State Supported Living Center

PCS contact Nicole Mejia, CTCD, CTCM 512-406-2650 nicole.mejia@hhs.texas.gov

nicole.m	ejia@hhs.texas.gov						
1-1	As-needed analog phone services Hourly rate - \$95.00 Trip charge - \$20.00	915-76	1.00	LOT	5000.00000	\$5,000.00	09/01/2023
					Schedule Total	\$5,000.00	

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Payment Ter		Ship Via		
Net 30	Prepaid & Allow	BEST WAY	Purchase Order	HHSTX-4-0000326352
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	s, terms, and conditions set forth in the adve		09/01/23	2
	esponses become a part of this numbered p ods or services delivered meet or exceed n		Ship To:	4038 - Corpus Christi:902 Airport
requirements.		inibered purchase order		HEALTH & HUMAN SERVICES COMMISSION
	s, shipping papers, invoices, and corresp	ondence must be identified	_	902 Airport Rd
	chase Order Number.			Corpus Christi TX 78405 United States
				United States
Vendor:	1200359841 9		Bill To:	Invoice - DADS
	B & R TELEPHONE LLC			HEALTH & HUMAN SERVICES COMMISSION
	PO BOX 71355			4001 Highway 36 South
	CORPUS CHRISTI TX 784671355			Brenham TX 77833
	United States			United States
			Fax: Email:	979/277-1865 712Accounting@hhs.texas.gov
			Purchaser:	Mejia,Nicole
Line-Sch	Inventory Item ID - Line Description	Class/Item Quantity	UOM	PO Price Extended Amt Due Date
			Item Total	
			Total P	O Amount \$5,000.00

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	
hiale Mejar, CTCD, C	TCM
U	<u>08/18/2023</u>